

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

MAR 2 1933

2418

1. PLACE OF DEATH

County Moniteau  
Township Moreau  
City (No. , , , , , ) St. , Ward

Registration District No. 1095  
Primary Registration District No. 5770

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_

2. FULL NAME Leona M. Stahl

(a) Residence, No. \_\_\_\_\_ St., \_\_\_\_\_ Ward.

(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>George D. Stahl</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 25, 1868</u>		
7. AGE	YEARS <u>64</u>	MONTHS <u>5</u>
	DAYS <u>17</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife 23A 107A</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____	
	10. Date deceased last worked at this occupation (month and year) <u>12-20-1932</u>	
	11. Total time (years) spent in this occupation _____	

12. BIRTHPLACE (CITY OR TOWN) Moniteau County  
(STATE OR COUNTRY) Missouri

13. NAME John Milburn

14. BIRTHPLACE (CITY OR TOWN) Moniteau County  
(STATE OR COUNTRY) Missouri

15. MAIDEN NAME Susan Rosson

16. BIRTHPLACE (CITY OR TOWN) Moniteau County  
(STATE OR COUNTRY) Missouri

17. INFORMANT George D. Stahl  
(ADDRESS) Clarksburg, Mo.

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Mt Moriah DATE 1-13 1933

19. UNDERTAKER James E. Richards  
(ADDRESS) \_\_\_\_\_

20. FILED 1-14 1933 J. C. Martin  
Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 12, 1933

22. I HEREBY CERTIFY That I attended deceased from Dec 28, 1932, to Jan 12, 1933

I last saw her alive on Jan 11, 1933 Death is said to have occurred on the date stated above, at 5:15 p.m.

The principal cause of death and related causes of importance were as follows:

Longeal Tuberculosis Date of onset \_\_\_\_\_  
and Bronchit Pneumonia

Other contributory causes of importance 23

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? No.

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 1933

Where did injury occur? \_\_\_\_\_  
(Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
If so, specify \_\_\_\_\_

(Signed) J. S. Stilson, M. D.  
(Address) \_\_\_\_\_

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

