

**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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF George D. Stahl

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 25, 1868

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	64	5	17	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife **23A**

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ----- **107A**

10. Date deceased last worked at this occupation (month and year) 12-20-1932 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.

