

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

NOV 28 1932

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

Do not use this space.

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1. PLACE OF DEATH: 94 County St Francois Registration District No. 294
Township Primary Registration District No. 6018B
City (No.) St. Ward

2. FULL NAME Georgia L. Stacey
(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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 23, 1923

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 9 1 7

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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) 11. Total time (years) spent in this occupation

FATHER 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Elvins Mo
13. NAME Arthur Stacey
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Madison Co Mo

MOTHER 15. MAIDEN NAME Nora Essie Pope
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Madison Co Mo
17. INFORMANT (ADDRESS) Arthur Stacey Flat River Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Woodlawn DATE 10-16 1932

19. UNDERTAKER (ADDRESS) Joe Diemer Flat River Mo

20. FILED Oct 31 1932 W J. Bryan Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-14 1932

22. I HEREBY CERTIFY, That I attended deceased from 10-7 1932, to 10-14 1932
I last saw her alive on 10-14 1932 Death is said to have occurred on the date stated above, at 7:15 p m.
The principal cause of death and related causes of importance were as follows:
acute myocarditis
10 9:30 A
Other contributory causes of importance: Diphtheria Toxigenal
Name of operation none Date of
What test confirmed diagnosis? culture 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 , 19
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? no
If so, specify
(Signed) Paul T Jones, M. D.
(Address) Elvins, Mo

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