

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.

97 MAY 27 1936

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

Do not use this space.

16680

1. PLACE OF DEATH

County St. Francois
Township Perry
City Bonnie Terre Mo. (No. _____)

Registration District No. 775
Primary Registration District No. 6.020-A

File No. _____
Registered No. 124
St. _____ Ward _____

2. FULL NAME

William Preston Stotler

(a) Residence, No. Bonnie Terre Mo. 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 Male 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 Celia Stotler

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 8, 1880

| 7. AGE | YEARS | MONTHS | DAYS | IF LESS than 1 day,hrs. ormin. |
|--------|-----------|----------|-----------|--|
| | <u>55</u> | <u>6</u> | <u>23</u> | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Gabner

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Crawford Co. Missouri

13. NAME George Stotler

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Collings Co. Missouri

15. MAIDEN NAME Martha C. Chandler

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Crawford Co. Missouri

17. INFORMANT (ADDRESS) Mrs. W. P. Stotler Bonnie Terre Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Primrose Cemetery DATE 4/3 1936

19. UNDERTAKER (ADDRESS) Bonnie Terre Mo.

20. FILED April 3, 1936 N. W. Hopkins Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 1, 1936

22. I HEREBY CERTIFY, That I attended deceased from March 30, 1936 to April 1, 1936

I last saw him alive on April 1, 1936 Death is said to have occurred on the date stated above, at 9:15 A. M.

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

Myocarditis and coronary thrombosis

Date of onset 1935
Nov 30, 1936

Other contributory causes of importance: Large adenoma of thyroid gland

Name of operation none Date of _____
What test confirmed diagnosis? none 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 N. W. Hopkins, M. D.
(Signed) _____
(Address) Bonnie Terre Mo.

