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.

FEB 9 1937

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

Do not use this space.

File No. 2882

1. PLACE OF DEATH
County St Francois Registration District No. 779
Township Randolph Primary Registration District No. 0244
City Desloge (No. ..... St. ..... Ward)

2. FULL NAME Tommy Franklin Stegall

(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	W.	Child

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 4, 1936

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	3	6	

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 .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Desloge Mo.

FATHER
13. NAME Elmer O Stegall
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bonne Terre Mo

MOTHER
15. MAIDEN NAME Nellie Tottin
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bonne Terre Mo

17. INFORMANT (ADDRESS) Elmer Stegall Desloge Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE St Francois DATE Jan 12, 1937

19. UNDERTAKER C. Z. Boyd
(ADDRESS) Desloge

20. FILED 2-9, 1937 W. T. Blackwell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 10, 1937

22. I HEREBY CERTIFY, That I attended deceased from 1-6, 1937, to 1-10, 1937
I last saw him alive on 1-10, 1937. Death is said to have occurred on the date stated above, at 5:30 p. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
bronchopneumonia	1-7-37

Other contributory causes of importance:
Impetigo Contagiosa

Name of operation ..... Date of .....
What test confirmed diagnosis? Autopsy 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) Harold V Gerke, M. D.
(Address) Desloge Mo