

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

Do not use this space.

10392

**1. PLACE OF DEATH**

County St. Francois  
Township Perry  
City Bonneton (No. ....)

Registration District No. 775  
Primary Registration District No. 6050

File No. ....  
Registered No. 31  
St. .... Ward

**2. FULL NAME**

Thomas Lee 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) October 1 1860

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
67 5 26

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Laborer  
(b) General nature of industry, business, or establishment in which employed (or employer) -  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Minlaton  
(STATE OR COUNTRY) Mo.

10. NAME OF FATHER William Stegall

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Minlaton  
(STATE OR COUNTRY) Mo.

12. MAIDEN NAME OF MOTHER Lucinda Earls

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Sen  
(STATE OR COUNTRY)

14. INFORMANT (Address) Mrs. John Carpenter  
Chaffee Mo.

15. REGISTRAR (Address) J. A. Son  
1928

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 27 1928

17. I HEREBY CERTIFY That I attended deceased from 3 2 1928, to March 28, 1928 that I last saw him alive March 27, 1928 and that death occurred, on the date stated above, at 6:35 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Lobar Pneumonia

108 10/10/1 (duration) yrs. mos. da. 3

**CONTRIBUTORY (SECONDARY)**

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH: At Home

DID AN OPERATION PRECEDE DEATH? No DATE OF .....

WAS THERE AN AUTOPSY? no.

WHAT TEST CONFIRMED DIAGNOSIS Examination  
(Signed) Seebury, M. D.

3-28, 1928 (Address) Bonneton Mo.

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Bonneton DATE OF BURIAL 3-29 1928

20. UNDERTAKER John F. Wood ADDRESS Bonneton Mo.

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.

PERMANENT RECORD

