

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

Do not use this space.

38754  
248

**1. PLACE OF DEATH**

County St. Francois  
Township \_\_\_\_\_  
City Esther (No. \_\_\_\_\_)

Registration District No. 974  
Primary Registration District No. 6018B

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Junior William Stacy  
(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>7-24-25</u>		
7. AGE	YEARS	MONTHS
	<u>6</u>	<u>3</u>
		DAYS
		<u>29</u>
		IF LESS than 1 day, _____ hrs. or _____ min.
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)	<u>Elkins mo</u>
	13. NAME	<u>Arthur Sylvester Stacy</u>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	<u>Madison Co</u>
	15. MAIDEN NAME	<u>Nora Essie Pape</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	<u>Madison Co</u>
	17. INFORMANT (ADDRESS)	<u>Arthur Stacy Esther</u>
	18. BURIAL, CREMATION, OR REMOVAL PLACE	<u>Woodlawn Cem. DATE 11-21 '31</u>
	19. UNDERTAKER (ADDRESS)	<u>Gas Diemer Inc 7 Flat River mo</u>
	20. FILED	19 _____

Registrar.

**MEDICAL CERTIFICATE OF DEATH**

1. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 30, 1931

2. I HEREBY CERTIFY, That I attended deceased from Nov 9, 1931, to Nov 20, 1931.  
I last saw him alive on Nov 20, 1931. Death is said to have occurred on the date stated above, at 12:00 a.m.  
The principal cause of death and related causes of importance were as follows:  
Dysentheria  
10

Date of onset 11/7

Other contributory causes of importance: \_\_\_\_\_

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? lab 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) J. W. [Signature] M. D.  
(Address) Flat River, Mo

REC 9 8 1931



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

ALL INFORMATION CALLED  
FOR MUST BE WRITTEN ON  
THIS SUPPLEMENTARY.

**1. PLACE OF DEATH**

County St. Francois  
Township St. Francois  
City..... (No. ...., St. .... Ward)

Registration District No. 774  
Primary Registration District No. 6018B

File No. ....  
Registered No. 248

**2. FULL NAME**

Junior William Stacy

(a) Residence, No. .... St., .... Ward.  
(Usual place of abode)

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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 3-

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 20, 1931

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

22. I HEREBY CERTIFY, That I attended deceased from ....., to ....., 19.....

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

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at.....m.

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

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

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.....

Date of onset

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

Other contributory causes of importance:  
.....  
.....  
.....

FATHER  
13. NAME

Name of operation..... Date of.....  
What test confirmed diagnosis?..... Was there an autopsy?.....

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

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)

MOTHER  
15. MAIDEN NAME

Specify whether injury occurred in industry, in home, or in public place.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Manner of injury.....  
Nature of injury.....

17. INFORMANT (ADDRESS)

24. Was disease or injury in any way related to occupation of deceased?.....  
If so, specify.....

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 19.....

(Signed)....., M. D.

19. UNDERTAKER (ADDRESS)

20. FILED Nov 30 1931 W. J. Bryan Registrar

ISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

SUPPLEMENTARY

5-38754