

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

PLACE OF DEATH

County Iron

Township Union

Village \_\_\_\_\_

City \_\_\_\_\_ (NO. \_\_\_\_\_)

Registration District No. 390

Primary Registration District No. 5345

File No. 6299

Registered No. 4

(If death occurred in a hospital or institution, give its NAME instead of street and number)

FULL NAME

Mrs Myrtle Staab

PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR OR RACE White SINGLE MARRIED married  
WIDOWED OR DIVORCED (If write the word)

DATE OF BIRTH

Dec 3, 1892  
(Month) (Day) (Year)

AGE

25 yrs. \_\_\_\_ mos. \_\_\_\_ ds. If LESS than 1 day, \_\_\_\_ hrs. or \_\_\_\_ min.?

OCCUPATION

(a) Trade, profession, or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_

BIRTHPLACE

(City or town, State or foreign country) Iron Co., Mo.

NAME OF FATHER

John Miller

BIRTHPLACE OF FATHER

(City or town, State or foreign country) Iron Co., Mo.

MAIDEN NAME OF MOTHER

Dorcas King

BIRTHPLACE OF MOTHER

(City or town, State or foreign country) Iron Co., Mo.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Tom Staab

(ADDRESS) Des arc. Mo.

Filed Feb 23, 1916 N.A. Farr

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH

Feb 23, 1916  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from for 6 months, 1916, to Feb 23, 1916, that I last saw her alive on about 2 months ago, 1916, and that death occurred, on the date stated above, at 12 P. m.

The CAUSE OF DEATH\* was as follows:

Pulmonary Tuberculosis.

Contributory

(SECONDARY) (Duration) yrs. \_\_\_\_ mos. \_\_\_\_ ds.

(Signed) N.A. Farr M. D.

Feb 23, 1916 (Address) Des arc. Mo.

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death \_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_\_ ds. In the State \_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_\_ ds.

Where was disease contracted If not at place of death?

Former or usual residence.

PLACE OF BURIAL OR REMOVAL

Meadows Cemetery

DATE OF BURIAL

Feb 24, 1916

UNBERTAKER

Phix Powers

ADDRESS

Des arc. Mo.