FEB 23 1928

2315

Do not use this space.

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

1. PLACE OF DEATH
County St Francois — Registration District No. 774
Township St Francois — Primary Registration District No. 4465
City Flat River (No. ..... St. ..... Ward)

File No. 3
Registered No. .....

2. FULL NAME Charles Luther Stabb

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

Length of residence in city or town where death occurred 9 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

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

5a. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF ~~(OR) WIFE OF~~ Myrtle Stabb

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 5-6-1868

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	39	7	11	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Miner
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer St Joe Lead Co.

9. BIRTHPLACE (CITY OR TOWN) Desurt, Mo
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Jake Stabb
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Pilot Knobb
(STATE OR COUNTRY) Mo.
12. MAIDEN NAME OF MOTHER Barbra Cranahan
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Dronton
(STATE OR COUNTRY) Mo.

14. INFORMANT Joseph P. Stabb
(Address) Mineralpoint Mo

15. FILED Feb 9 1928 T. L. Keith
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 6 1928

17. I HEREBY CERTIFY, That I attended deceased from Jan 5, 1928, to Jan 6, 1928, that I last saw h. alive on Jan 5, 1928, and that death occurred, on the date stated above, at 12:05 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Myocarditis

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Edema of Lungs followed by Influenza (duration) ..... yrs. ..... mos. 4 ds.

*18. WHERE WAS DISEASE CONTRACTED 1605
IF NOT AT PLACE OF DEATH? .....

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

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Physical Examination

(Signed) F. W. Schapman, M.D.
, 19 (Address) Flat River 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. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Desark Mo	Jan 8 1928

20. UNDERTAKER J R Horne — ADDRESS Elvins Mo

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.