

(This Margin Reserved for Binding)

V. S. No. 2.

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 very important. See list of causes of death furnished by local registrar.

1. PLACE OF DEATH

County Pott  
Township \_\_\_\_\_  
Village Wanette or \_\_\_\_\_  
or \_\_\_\_\_

Registration Dist. No. 63250  
Primary Dist. No. 6301

CERTIFICATE OF DEATH

Oklahoma State Board of Health

BUREAU OF VITAL STATISTICS

Oklahoma City, Okla.

Register No. 2025

City \_\_\_\_\_ No. \_\_\_\_\_ Street \_\_\_\_\_ Ward \_\_\_\_\_  
(If death occurred in a hospital or institution, give the name instead of street and number. If an industrial camp, the name of the camp to be given.)

2. FULL NAME of decedent, if an unnamed child, the surname, preceded by "unnamed"  
Florance J. Monard

PERSONAL AND STATISTICAL PARTICULARS

3. Sex Female  
4. Color or Race White or black, mulatto, or other (write in plain terms)  
5. Single, Married, Widowed or Divorced  
Single  
Write the word

6. DATE OF BIRTH  
7-25-1893  
(Month) (Day) (Year)

7. AGE 31 yrs. 1 mos. 26 days  
If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ mins.

8. OCCUPATION  
(a) Trade profession or particular kind of work \_\_\_\_\_  
(b) General nature of industry, business or establishment in which employed (or employer) \_\_\_\_\_

9. BIRTH PLACE Ohio  
At least state or foreign country if known.

PARENTS

10. NAME OF FATHER Michael Stahl

11. BIRTH PLACE OF FATHER  
At least state or foreign country if known

12. MAIDEN NAME OF MOTHER Anna Stahl

13. BIRTH PLACE OF MOTHER  
At least state or foreign country if known

14. The above is true to the best of my knowledge.

Informant Walter E. Beal

Address Wanette

15. Filed 10/26/24  
Walter E. Beal Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH 9-19-1924  
(Month) (Day) (Year)

17. I HEREBY CERTIFY that I attended deceased, From May 1, 1924, to Sept 12, 1924 that I saw her alive on Sept 5, 1924 and that death occurred on the date stated above at \_\_\_\_\_ m.

THE CAUSE OF DEATH, \*Was as follows:

Asepticemia  
(Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ days  
Contributory (Secondary) \_\_\_\_\_  
(Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ days

(Signed) W. A. Beal M. D.  
Sept 9, 1924 (Address) Wanette Okla

\*State the disease causing death or, in deaths from violent causes; state (1) means of injury, and (2) whether accidental, suicidal, or homicidal state whether attributed to dangerous or insanitary conditions of employment.

18. LENGTH OF RESIDENCE (for Hospitals, institutions, transient or recent Residents)

At place of death \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ days  
In the State \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ days  
Where was disease contracted, if not at place of death? Former or usual residence.

19. PLACE OF BURIAL OR REMOVAL

Wanette Cemetery Date of Burial \_\_\_\_\_ 19 \_\_\_\_\_

20. UNDERTAKER Steel & Lightner Address \_\_\_\_\_