

OCT 31 1930

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

Do not use this space.

27487

1. PLACE OF DEATH

County Missouri
Township Virginia
City St. Louis (No. _____) St. _____ Ward _____

Registration District No. 655
Primary Registration District No. 5872

File No. _____
Registered No. _____

2. FULL NAME William Shelby Standfield

(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. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Infant

16. DATE OF DEATH (MONTH, DAY AND YEAR) 8-2 1930

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

17. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____, that I last saw h. _____ alive on _____, 19____, and that death occurred, on the date stated above, at _____ m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 7-31-1930

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Still born 6 months prematurely only lived 36 hrs. (duration) _____ yrs. _____ mos. _____ ds.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min. 2

CONTRIBUTORY 159 (SECONDARY) (duration) _____ yrs. _____ mos. _____ ds.

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

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH _____

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

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

10. NAME OF FATHER J. T. Standfield

WAS THERE AN AUTOPSY? _____

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Swift (STATE OR COUNTRY) Tenn.

WHAT TEST CONFIRMED DIAGNOSIS? (Signed) J. H. [unclear] M. D. (Address) St. Louis Mo

12. MAIDEN NAME OF MOTHER Floria Hammer

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

*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.

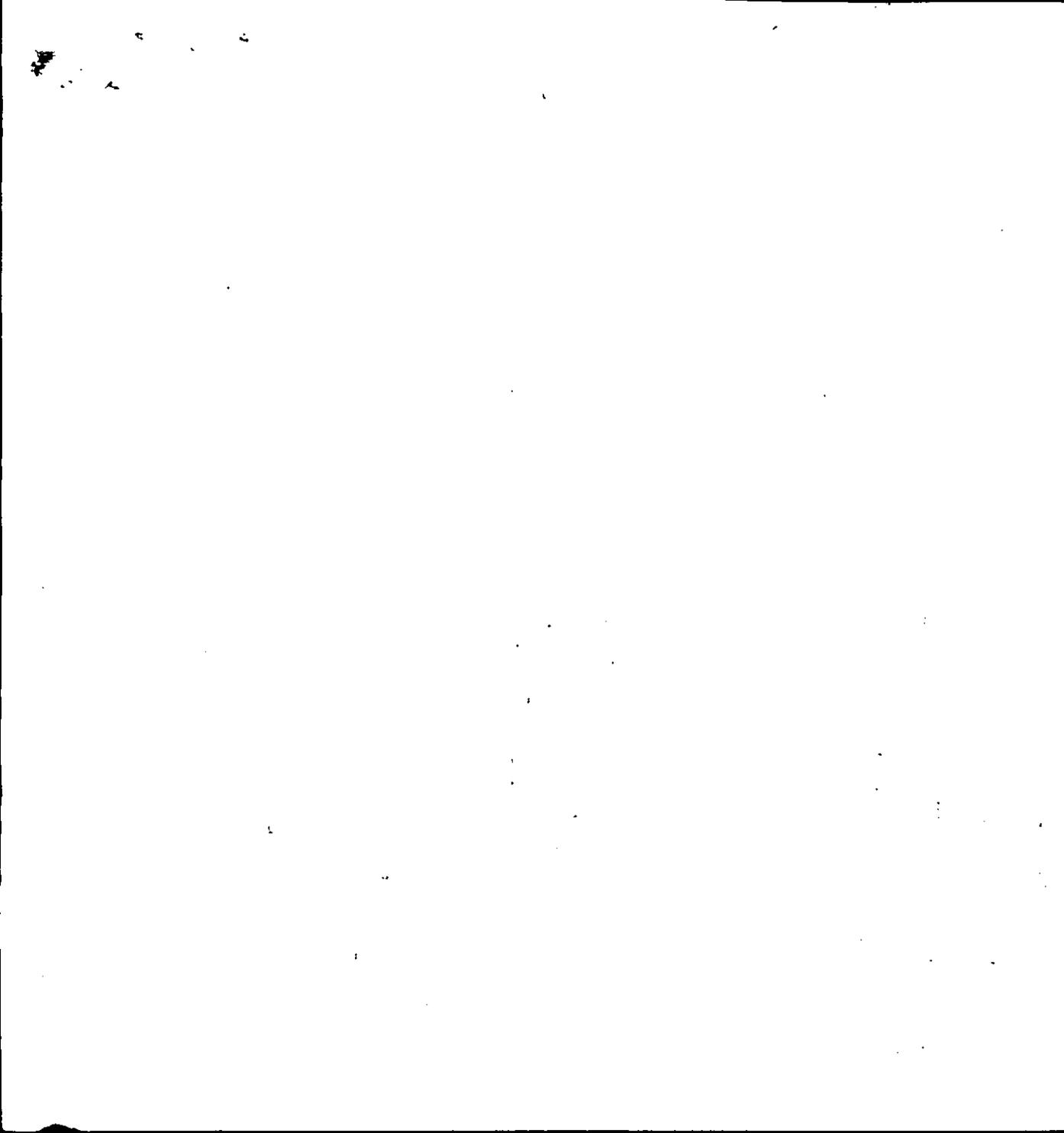
14. INFORMANT M. O. Standfield (Address) St. Louis Mo R. 1

19. PLACE OF BURIAL, CREMATION, OR REMOVAL New Harmony Cem. DATE OF BURIAL 8-3 1930

15. FILED 8/3 1930 Max P. Kelly REGISTRAR

20. UNDERTAKER _____ ADDRESS _____

Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.



dated by check marks, lacking from the death certificate:

Name: William Shelby Standfield

Who died at: Perris Co. on Aug. 2, 1930,

Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____

Sex: _____ Color or race: _____ Single, married, widowed or divorced: _____

Date of birth: _____ Age: Years _____ Months _____ Days _____

Occupation: (a) Trade _____ (b) Industry: _____

Birthplace (State or country) _____

Birthplace of father (State or country) _____

Birthplace of mother (State or country) _____

CAUSE OF DEATH: Still Born 6 months prematurity, only lived 36 hrs.

Contributory: _____

Where was disease contracted? _____

Did operation precede death? _____ Date of _____

S-2.1487

1930