

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

Do not use this space.

30734

1. PLACE OF DEATH

County Carroll Registration District No. 135
Township Sugar Tree Primary Registration District No. 5191
City (No.) St. Ward

File No. _____
Registered No. 87

2. FULL NAME

Mary Ann Stator
(a) Residence, No. St. Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>F</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED. (write the word) <u>Single</u>	
		5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Infant</u>	
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>2-25-1931</u>			
7. AGE	YEARS <u>0</u>	MONTHS <u>6</u>	DAYS <u>30</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Infant</u>			11. Total time (years) spent in this occupation
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)
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Carroll County Mo.</u>			
MOTHER	13. NAME <u>Fred Stator</u>		
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Carroll County Mo.</u>		
FATHER	15. MAIDEN NAME <u>Freda Burghman</u>		
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Carroll County Mo.</u>		
17. INFORMANT <u>Fred Stator</u> (ADDRESS) <u>Carrollton, Mo.</u>			
18. BURIAL, CREMATION, OR REMOVAL <u>Belknap Cem.</u> PLACE <u>Carrollton, Mo.</u> DATE <u>9-24-1931</u>			
19. UNDERTAKER <u>Stanley Funeral Home</u> (ADDRESS) <u>Carrollton, Mo.</u>			
20. FILED <u>9-23</u> , 19 <u>31</u> <u>Ma S E Farham</u> Registrar.			

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-24-1931

22. I HEREBY CERTIFY, That I attended deceased from September 24, 1931, to Sept-24-, 1931
I last saw h. ev. alive on Sept-27, 1931. Death is said to have occurred on the date stated above, at 5:00 P.m.
The principal cause of death and related causes of importance were as follows:
Cholera Infantum
119A-119
Other contributory causes of importance: none

Name of operation none Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

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? _____
If so, specify _____
(Signed) George A. Keeling, M. D.
(Address) Swaverly, Mo.

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.

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RECORDING INFORMATION THIS IS A PERMANENT RECORD

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