DEC 18 1936

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

Do not use this space.

44229

1. PLACE OF DEATH Dallas
County S. Benton
Township Elkland
City (No. R #2 St. Ward)
Registration District No. 241
Primary Registration District No. 5834
File No.
Registered No. 1106

2. FULL NAME Nathaniel Bird Stafford
(a) Residence, No. Elkland Mo R #2 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(OR) WIFE OF~~ Drue Stafford

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 23 1867

7. AGE YEARS 69 MONTHS 6 DAYS 10 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. On farm
10. Date deceased last worked at this occupation (month and year) ✓
11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

FATHER
13. NAME James M. Stafford
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) E. N. Stafford Escondido California

18. BURIAL, CREMATION, OR REMOVAL
PLACE Union Mound DATE Dec 5 1936

19. UNDERTAKER (ADDRESS) J. W. Klingner & Co. Springfield Mo.

20. FILED 12/10 1936 Harvey T. [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 3 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov 28, 1936 to Dec 3, 1936
I last saw him alive on Nov. 28, 1936 Death is said to have occurred on the date stated above, at 2 p m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of the Stomach	Nov. 35

Other contributory causes of importance:

Name of operation none Date of
What test confirmed diagnosis? Phys Exam Was there an autopsy? No

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? No
If so, specify
(Signed) E. E. [illegible], M. D.
(Address) Medical Bldg., Springfield, Mo.