

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.

APR 15 1937

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

Do not use this space.

1. PLACE OF DEATH

County BuchananRegistration District No. 85Township St. JosephPrimary Registration District No. 1001City St. Joseph(No. St. Joseph Hospital)File No. 11271Registered No. 382St. 1

Ward)

2. FULL NAME William Stanton(a) Residence, No. Bushville Mo

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. 1

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

Poley Ann Stanton

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

Nov 15 - 1857

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day,hrs. ormin.

79411

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.

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)

Bushville Mo

FATHER

13. NAME

George Stanton

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Davis co Mo

MOTHER

15. MAIDEN NAME

Rachel Thomas

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Unknown Miss

17. INFORMANT (ADDRESS)

John Stanton Atchison Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Sugar creekDATE Mar 29 1937

19. UNDERTAKER (ADDRESS)

William Stanton Atchison Mo

20. FILED

Mar 26 1937W. J. Steadley Registrar

MEDICAL CERTIFICATE OF DEATH

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

March 26 1937

22. I HEREBY CERTIFY, That I attended deceased from

Feb 28 1937, to March 26 1937I last saw him alive on March 26 1937. Death is saidto have occurred on the date stated above, at 7 P. m.

The principal cause of death and related causes of importance were as follows:

arteria Sclerosis with gangrene of left leg

Date of onset

Other contributory causes of importance:

general arteria Sclerosis old myo Carditis or nephritisName of operation Amputation of Date of Mar 5-37What test confirmed diagnosis? Arterial Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? No 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) W. J. Steadley

, M. D.

(Address) 301 N. 8 St. Joseph Mo

