

JUN 23 1937

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

Do not use this space.

JUN 1937

1. PLACE OF DEATH

County Laclade

Registration District No. 449

File No. 20486

Township

Primary Registration District No. 4267

Registered No.

City Kubawau (No. 2)

St. _____ Ward _____

2. FULL NAME Mary Jane Stanton

(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. ds. How long in U. S., if of foreign birth? yrs. moa. 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>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF <u>Jasper W Stanton</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 29 1847</u>		
7. AGE <u>89</u>	YEARS <u>89</u>	MONTHS <u>10</u>
	DAYS <u>8</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</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>Harrison Co Mo</u>		
FATHER	13. NAME <u>Eligah Rogers</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Dont Know</u>	
MOTHER	15. MAIDEN NAME <u>Elizabeth Starnes</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Dont Know</u>	
17. INFORMANT <u>Thos J. L. Hays</u> (ADDRESS) <u>Phillipsburg, Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Joseph, Mo</u> DATE <u>5/10 1937</u>		
19. UNDERTAKER <u>W. E. Harmon</u> (ADDRESS) <u>Phillipsburg, Mo</u>		
20. FILED <u>5-8-1937</u> <u>J. A. McClure</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/7 1937

22. I HEREBY CERTIFY, That I attended deceased from 5-4-1937 to 5-7-1937

I last saw him alive on 5-7-1937. Death is said to have occurred on the date stated above, at 8-8 m.

The principal cause of death and related causes of importance were as follows:
Accidental fall
Broken hip and
essential injury

Date of onset 5-4-1937

Other contributory causes of importance: Old Age

Name of operation Examination of hip Date of _____

What test confirmed diagnosis? X Ray Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 5-4 1937
Where did injury occur? at Phillipsburg
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Broken hip from fall
Nature of injury Broken femur & pelvis

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify old age

(Signed) Thos J. L. Hays M. D.
(Address) Phillipsburg, 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.

