

RECORDED MAR 15 1938

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

Do not use this space.

1. PLACE OF DEATH

17 County Carroll 1 Registration District No. 135 File No. 6361
 3 Township Carrollton Primary Registration District No. 3010 Registered No. 24
 City Carrollton (No.) St. Ward)

2. FULL NAME

1 Nathan Stator 335
 (a) Residence, No. 220 So. Main St. Ward.
 (Usual place of abode)
 Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

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 Nancy Stator

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 24, 1881

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
56 3 0

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Carpenter
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation 24 yrs.

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

13. NAME Jachary Taylor Stator

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

15. MAIDEN NAME Nancy Elizabeth Hargrave

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

17. INFORMANT Rebecca Stator (ADDRESS) Carrollton Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Carrollton Mo. DATE 2-26-38

19. UNDERTAKER Willis Furgate (Home) (ADDRESS) Carrollton Mo.

20. FILED 2-24-38 W. H. Haskins Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-24-38

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 38, 19, to Feb 24, 1938
 I last saw him alive on Feb 24, 1938. Death is said to have occurred on the date stated above, at 2 a. m.
 The principal cause of death and related causes of importance were as follows:

Endocarditis -
Embollism -
Total Pericarditis

Other contributory causes of importance: 92^a

Name of operation 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

Manner of injury
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify Endocarditis (Signed) W. H. Haskins, M. D.
 (Address) Carrollton 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.

9-11-11

