

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

Do not use this space.

28317

**1. PLACE OF DEATH**

County Sherburne  
Township Camden  
City Emmerson

Registration District No. 1123  
Primary Registration District No. D 240

File No. ....  
Registered No. 328  
St. .... Ward)

**2. FULL NAME**

(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. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 13 - 1927

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ... hrs. or ... min.  
2 2 21

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work... none  
(b) General nature of industry, business, or establishment in which employed (or employer)  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Sherburne County  
(STATE OR COUNTRY) Missouri

10. NAME OF FATHER Joe Stanford

11. BIRTHPLACE OF FATHER (CITY OR TOWN) St. Albans  
(STATE OR COUNTRY) Missouri

12. MAIDEN NAME OF MOTHER Grace Hulsey

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St. Albans  
(STATE OR COUNTRY) Missouri

14. INFORMANT James Stanford  
(Address) Sherburne Co

15. Filed Sept. 5 1927 L. C. O'Brook REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 4 1927

17. I HEREBY CERTIFY, That I attended deceased from July 25, 1927 to Sept 4, 1927 that I last saw him alive on Sept 3, 1927 and that death occurred, on the date stated above, at 10 p m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Sclerosis - Callosa  
119B (duration) 113B yrs. mos. ds. 15

CONTRIBUTORY (SECONDARY) none (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH... no

DID AN OPERATION PRECEDE DEATH... no DATE OF

WAS THERE AN AUTOPSY... no

WHAT TEST CONFIRMED DIAGNOSIS? none  
(Signed) T. L. Anderson, M. D.

9/5, 1927 (Address) 2726 E. Lighthouse

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL New St. Marcus DATE OF BURIAL Sept 6 1927

20. UNDERTAKER Chapman ULC ADDRESS 2814 S. Bluff

R. 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.

007 28 1927

