

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

Do not use this space.

29648

**1. PLACE OF DEATH**

County Buchanan Registration District No. 86 File No. ....  
 Township Washington Primary Registration District No. 5127 Registered No. 54  
 City Agency (No. 3 miles S. W. Agency) St. .... Ward)

**2. FULL NAME** W. S. 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. 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) Jan. 7-1919

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	8	9	2	=

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Scholar  
 (b) General nature of industry, business, or establishment in which employed (or employee) .....  
 (c) Name of employer .....

9. BIRTHPLACE (CITY OR TOWN) Agency  
 (STATE OR COUNTRY) Mo.

10. NAME OF FATHER David Stanton

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Mo  
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Mary Watkins

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Mo  
 (STATE OR COUNTRY)

14. INFORMANT David H. Stanton  
 (Address) Agency Mo.

15. FILED 10-11-27 J. J. G. Jones REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 9th 1927

17. I HEREBY CERTIFY, That I attended deceased from on  
Oct 9, 1927, to ..... 19.....  
 that I last saw him alive on ..... 19....., and that death occurred, on the date stated above, at ..... 3:30 P. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Pragmatism, Fracture of Skull Due to Automobile on Agency Highway 2:10 P.M.  
 (duration) ..... yrs. .... mos. .... ds.

CONTRIBUTORY (SECONDARY) 1880  
 (duration) ..... yrs. .... mos. .... ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH, .....

19. DID AN OPERATION PRECEDE DEATH? No DATE OF .....

WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS? Post mortem findings & history of accident  
 (Signed) W. H. May Coroner, M. D.  
10-10-27 (Address) St Joseph Mo

\*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 DATE OF BURIAL

Agency, Mo. Oct. 11-1927  
 20. UNDERTAKER E. P. Biderfader ADDRESS 602 So. 10th St.

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.

