JUN 4 1928

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

Do not use this space.

1. PLACE OF DEATH

County: St. Louis — Registration District No. 1123 — File No. 14693

Township: Carondelet — Primary Registration District No. 6248 R. — Registered No. 137

City: Koch (No. ..... St. ..... Ward)

2. FULL NAME Stansbury, James

(a) Residence. No. 1127 Chestnut St., ... Ward. ..... (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 3 yrs. 11 mos. 19 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: Single

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Oct. 25, 1859

7. AGE: Years 68 — Months 6 — Days 4 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Janitor
(b) General nature of industry, business, or establishment in which employed (or employer): .....
(c) Name of employer: .....

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Wisconsin

PARENTS

10. NAME OF FATHER: Albert Stansbury
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Maryland
12. MAIDEN NAME OF MOTHER: Fannie Jones
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Maryland

14. INFORMANT (Address): R. Koch Hospital Records, Koch, Missouri

15. FILED May 1, 1928 L. C. Obrock M.D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): April 29 1928

17. I HEREBY CERTIFY, That I attended deceased from May 10, 1924 to April 29, 1928 that I last saw him alive on April 29, 1928, and that death occurred, on the date stated above, at 2:23 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Myocarditis,

About (duration) 2 yrs. mos. ds.

CONTRIBUTORY (SECONDARY): Pulmonary Tuberculosis

About (duration) 4 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Unknown

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

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? X Ray & Sputum

(Signed) A. L. Gallant, M.D.

4/29/1928 (Address) Koch Hospital

*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: Bethania Cem. — DATE OF BURIAL: 5/3 1928

20. UNDERTAKER: A. J. Donnelly Van — ADDRESS: 2039 Wash St

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.