y 21 1929

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

Do not use this space.
35356

1. PLACE OF DEATH
County: Harrison — Registration District No.: 334 — File No.: 446
Township: Jefferson — Primary Registration District No.: 4197 — Registered No.:
City: Bethany (No. ..... St. ..... Ward)

2. FULL NAME: Effie Bell 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: F
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Charles Stanton
6. DATE OF BIRTH (MONTH, DAY AND YEAR): 4/18/1871
7. AGE: Years 57 — Months 5 — Days 29 — If LESS than 1 day, ... hrs. or ..... min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer
9. BIRTHPLACE (CITY OR TOWN): Harrison County
(STATE OR COUNTRY): Missouri

PARENTS
10. NAME OF FATHER: Wm W. Wiatt
11. BIRTHPLACE OF FATHER (CITY OR TOWN):
(STATE OR COUNTRY): Ohio
12. MAIDEN NAME OF MOTHER: Elizabeth A. Edson
13. BIRTHPLACE OF MOTHER (CITY OR TOWN):
(STATE OR COUNTRY): Illinois

14. INFORMANT: Chas. Stanton
(Address): Bethany, Mo.
15. FILED 11-10, 1928 — W. A. Harned, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 10/17 1928
17. I HEREBY CERTIFY, That I attended deceased from Oct 14, 1928, to Oct 17, 1928, that I last saw h. ex. alive on Oct 16, 1928, and that death occurred, on the date stated above, at 3 A. m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Diabetes Mellitus
57
(duration) 2 yrs. mos. ds.
CONTRIBUTORY (SECONDARY)
(duration) yrs. mos. ds.
18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) C. L. Worsting, M. D
, 19 (Address) Bethany 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: Russ Cemetery — DATE OF BURIAL: 10/17 1928
20. UNDERTAKER: S. M. Haas — ADDRESS: Bethany 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.

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