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

Do not use this space.

11497

1. PLACE OF DEATH
County Madison — Registration District No. 638
Township Custer — Primary Registration District No. 5727
City ..... (No. ..... St. ..... Ward)

File No. .....
Registered No. .....

2. FULL NAME Dile Stanfill
(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.

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.

PERSONAL AND STATISTICAL PARTICULARS

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

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

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

7. AGE — YEARS: — MONTHS: — DAYS: — If LESS than 1 day, 15 hrs. or 20 min.

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) (STATE OR COUNTRY): Marquand Mo

PARENTS
10. NAME OF FATHER: Ed. O. Stanfill
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Marquand Madison Co Mo
12. MAIDEN NAME OF MOTHER: Bessie B Combs
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Mad. Co Mo

14. INFORMANT (Address): Ed. O. Stanfill Marquand Mo

15. FILED Mar 31, 1924 C. M. Dant REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 8 — 1929

17. I HEREBY CERTIFY, That I attended deceased from Mar 7, 1929, to Mar 8 —, 1929, that I last saw him alive on Mar 7, 1929, and that death occurred, on the date stated above, at 5 30 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Premature birth

159 161A (duration) 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? no DATE OF —
WAS THERE AN AUTOPSY? —
WHAT TEST CONFIRMED DIAGNOSIS? —

(Signed) M. B. Barlow, M. D
3/8 1929 (Address) Fredericktown 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: Marquand Mo
DATE OF BURIAL: Mar 8 - 1929

20. UNDERTAKER: none
ADDRESS