

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

Do not use this space.

1. PLACE OF DEATH

County Went Iron
Township Cent
City Iron (No. _____) St. _____ Ward _____

Registration District No. 398
Primary Registration District No. 5548

File No. **35999**
Registered No. 8
St. _____ Ward _____

2. FULL NAME

Dr. Fayette B. Stafford
(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 <u>male</u>		4. COLOR OR RACE <u>white</u>		5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>WIDOWED</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Sarah Deason</u>					
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>June 19 1886</u>					
7. AGE	YEARS	MONTHS	DAY	IF LESS than 1 day, _____ hrs. or _____ min.	
<u>70</u>	<u>0</u>	<u>5</u>	<u>8</u>		
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Doctor of medicine</u> (b) General nature of industry, business, or establishment in which employed (or employer) _____ (c) Name of employer _____					
9. BIRTHPLACE (CITY OR TOWN) <u>Ohio</u> (STATE OR COUNTRY)					
PARENTS	10. NAME OF FATHER <u>Geo Stafford</u>				
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____ (STATE OR COUNTRY) <u>England</u>				
	12. MAIDEN NAME OF MOTHER <u>Lorena Stafford</u>				
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) <u>Ohio</u> (STATE OR COUNTRY)				
14. INFORMANT <u>M. Stafford</u> (Address) <u>Dayton, Mo.</u>					
15. FILED <u>Dec 10 1930</u> <u>Belle Gippin</u> REGISTRAR					

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 27 1930

17. I HEREBY CERTIFY, That I attended deceased from Nov 27 1930 (that I last saw him alive on Nov 27 1930 and that death occurred, on the date stated above, at 3:45 P.M.)

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Phthisis Mycobacteri.
94A Arizona Pectonic.
53C
102
(duration) 3 yrs. 0 mos. 0 ds.

CONTRIBUTORY (SECONDARY) Malignant Hypertension
(duration) 4 yrs. 11 mos. 0 ds.

18. WHERE WAS DISEASE CONTRACTED
IS NOT A PLACE OF DEATH 7

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS? Physical Findings
By H. H. Hovest, M. D.
(Signed) _____, 19 _____ (Address) Jalena, 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 <u>Boss Cemetery</u>	DATE OF BURIAL <u>11/29 1930</u>
20. UNDERTAKER <u>Chas K. Spence</u>	ADDRESS <u>Jalena, Mo.</u>

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.

DEC 22 10 22 AM '30

