

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

Do not use this space.

6040

1. PLACE OF DEATH

County Jasper
Township
City Webb City (No.)

Registration District No. 417
Primary Registration District No. 3021

File No.
Registered No. 18 St. Ward)

2. FULL NAME

Glen Stancoff Jr.
(a) Residence, No. 409 S. Main St.
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) X

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 12, 1931

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 2

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Webb City Mo.

13. NAME Glen Stancoff

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Webb City Mo.

15. MAIDEN NAME Mable Hunter

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Joplin Mo.

17. INFORMANT (ADDRESS) Glen Stancoff Webb City, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Webb City DATE Feb. 15, 1931

19. UNDERTAKER (ADDRESS) Steele Und. Co. Webb City, Mo.

20. FILED Feb 16 1931 P. M. Stormont Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 14, 1931

22. I HEREBY CERTIFY, That I attended deceased from 2/12 1931, to 2-14 1931.

I last saw him alive on Feb 13 1931 Death is said

to have occurred on the date stated above, at 10 P m. The principal cause of death and related causes of importance were as follows:

Premature birth (about 6 mo) Date of onset

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Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify (Signed) J. L. Craig M. D.

(Address) Webb City, Mo.

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.

APR 25 1931

