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

JUL 22 1931

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

Do not use this space.

20430

File No. 37

Registered No. V7

1. PLACE OF DEATH

County: Andrew — Registration District No.: 13

Township: Nodaway — Primary Registration District No.: 4011

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

2. FULL NAME: James S. Danforth

(a) Residence, No. ..... St., ... Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. COLOR OR RACE: W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct 12 1853

7. AGE: Years 77 — Months 8 — Days 1 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Hotel

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): Decator Ill

FATHER

13. NAME: William Danforth

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): un known Mass

MOTHER

15. MAIDEN NAME: un known

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): un known 21 un known

17. INFORMANT (ADDRESS): Mrs. G. C. Sparks Savannah Mo

18. BURIAL, CREMATION, OR REMOVAL — PLACE: Warrensburg — DATE: June 15, 1931

19. UNDERTAKER (ADDRESS): E. C. Brett Savannah Mo

20. FILED: June 15, 1931 C. O. Jeffries, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): June 13, 1931

22. I HEREBY CERTIFY, That I attended deceased from June 2, 1931, to June 13, 1931. I last saw him alive on June 12, 1931. Death is said to have occurred on the date stated above, at 3:50 a.m.

The principal cause of death and related causes of importance were as follows:

Acute Delir Cordis
Failure Decompensatio

120 B

Date of onset

Other contributory causes of importance:

Acute pneumonia
120B
69B

C Name of operation ..... Date of .....

B 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? No

If so, specify .....

(Signed) Walter C Myers, M. D.

(Address) Savannah Mo