

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

Do not use this space.

28806

1. PLACE OF DEATH

County Madison Registration District No. 539
Township Marquand Primary Registration District No. 4320
City Marquand, Mo. (No. _____) St. _____ Ward _____

File No. 4
Registered No. _____
St. _____ Ward _____

2. FULL NAME Henry L. Stanfill

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred 54 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Lena L. M. Stanfill</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 11 1866</u>				
7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<u>70</u>	<u>—</u>	<u>14</u>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Blk Smoothing</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Shop</u>			
	10. Date deceased last worked at this occupation (month and year) <u>Apr 17 1930</u>		11. Total time (years) spent in this occupation <u>44</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Bloomfield Mo</u> <u>Stoddard County</u>				
FATHER	13. NAME <u>James H. Stanfill</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Solihlo Tenn</u>			
MOTHER	15. MAIDEN NAME <u>Charity Seolds</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Metropolis Ill</u>			
17. INFORMANT <u>Robert C. Stanfills</u> (ADDRESS) <u>Marquand Mo</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Marquand Mo</u> DATE <u>Aug 27 1931</u>				
19. UNDERTAKER <u>Hornay & Co</u> (ADDRESS) <u>Marquand Mo</u>				
20. FILED <u>926</u> 19 <u>31</u> <u>M. Carr</u> Registrar				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-25 1931

22. I HEREBY CERTIFY, That I attended deceased from 8-25 1931 to 8-25 1931
I last saw him alive on 8-25 1931. Death is said to have occurred on the date stated above, at 0 m.
The principal cause of death and related causes of importance were as follows:
Apoplexy
gang 20
Other contributory causes of importance: _____

Name of operation Date of _____
What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no 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. none

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify Henry Barron M. D.
(Signed) Fredericktown Mo
(Address) _____

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.

SEP 24 1931

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

