

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

Do not use this space.

**30547**

**1. PLACE OF DEATH**

County Buchanan Registration District No. 85  
Township \_\_\_\_\_ Primary Registration District No. 1001  
City St. Joseph (No. Missouri Methodist Hospital) \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 908

**2. FULL NAME** Cora May Stanton

(a) Residence, No. \_\_\_\_\_ St., \_\_\_\_\_ Ward. New Hampton Mo.  
(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred yrs. mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <b>Female</b>	4. COLOR OR RACE <b>White</b>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <b>Married</b>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <b>George W Stanton</b>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <b>April 10, 1881</b>				
7. AGE <b>50</b>	YEARS	MONTHS <b>4</b>	DAYS <b>21</b>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <b>House wife</b>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <b>Own home</b>			
	10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____			

12. BIRTHPLACE (CITY OR TOWN) **Harrison County**  
(STATE OR COUNTRY) **Missouri**

FATHER 13. NAME **Nirvak Goodwin**

14. BIRTHPLACE (CITY OR TOWN) **Unknown**  
(STATE OR COUNTRY) **Unknown**

MOTHER 15. MAIDEN NAME **Elizabeth Hensley**

16. BIRTHPLACE (CITY OR TOWN) **Unknown**  
(STATE OR COUNTRY) **Unknown**

17. INFORMANT **Geo. W Stanton**  
(ADDRESS) **New Hampton Missouri**

18. BURIAL, CREMATION, OR REMOVAL  
PLACE **New Hampton Mo.** DATE **Sept. 4** 19 **31**

19. UNDERTAKER **H. C. Sidenfaden**  
(ADDRESS) **1802 Union St. St. Joseph, Mo.**

20. FILED **9-3-31** 19 **John R. Bender** Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **September 1** 19 **31**

22. I HEREBY CERTIFY, That I attended deceased from **Aug. 27** 19 **31**, to **Sept 1** 19 **31**  
I last saw him alive on **Sept 1** 19 **31**. Death is said to have occurred on the date stated above, at **10:30 P. M.**

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

*Diffuse toxic gastritis  
Chronic myocarditis*  
Date of onset **Jan 11/31**  
**663**  
**66E**  
**66E**  
Other contributory causes of importance **93C**

Name of operation **Thyroidectomy** Date of **9-3-31**  
What test confirmed diagnosis? **Microscopic** Was there an autopsy? **No**

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) **H. S. Paul**, M. D.  
(Address) **St. Joseph 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.

SEP 22 1931

