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

Do not use this space.

30944

1. PLACE OF DEATH
County Dunklin — Registration District No. 289 — File No.
Township Cotton Hill — Primary Registration District No. 5407 — Registered No. 58
City ..... (No. ..... St. ..... Ward)

2. FULL NAME Vernon Doyle Staten
(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 Male
4. COLOR OR RACE White
5. ~~SINGLE, MARRIED, WIDOWED, OR DIVORCED~~ (write the word) single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 9, 1931
7. AGE YEARS — MONTHS 3 — DAYS 5 — If LESS than 1 day, ... hrs. or ..... min.

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dupo Ill.

FATHER
13. NAME John E. Staten
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill

MOTHER
15. MAIDEN NAME Vergie Hickmen
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ark.

17. INFORMANT (ADDRESS) John E. Staten
18. BURIAL, CREMATION, OR REMOVAL PLACE Rector Ark DATE Sept 15, 1931
19. UNDERTAKER (ADDRESS) Farmers Union Co Ark.
20. FILED 9-14- 1931 S. E. Mitchell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 14, 1931
22. I HEREBY CERTIFY, That I attended deceased from Unnattended by doctor, 19..., to ..., 19...
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 3:00 P.m.
The principal cause of death and related causes of importance were as follows:
Killed in automobiel wreck Accidentally turning car over in loose gravel on Highway #25 3 miles South of Malden
Date of onset
Other contributory causes of importance:
210 G
210
Name of operation none Date of ✓
What test confirmed diagnosis History Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, ~~suicide, or homicide~~? accident Date of injury 9-14, 1931
Where did injury occur? on hiway 25 - 3 mi. south of Malden Mo (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury skull crushed
Nature of injury by car falling on it

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) J. J. Rigdon Cor., M.D.
(Address) Kennett Mo.

...INKS IS A PERMANENT RECO...
...y 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.
OCT 22 1931