

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

Do not use this space.

32041

1. PLACE OF DEATH

County Demascat
Township Hayti
City Hayti No. _____

Registration District No. 65-3
Primary Registration District No. 4390

File No. _____
Registered No. 92
St. _____ Ward _____

2. FULL NAME

Charles S Stanfill
(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 20 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>Olie Anna Stanfill</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct 5 1882</u>		
7. AGE <u>48</u>	YEARS <u>11</u>	MONTHS <u>13</u>
		DAYS <u>13</u>
		If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Brakeman</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Travis R. R.</u>	
	10. Date deceased last worked at this occupation (month and year) <u>Sept 17 1931</u>	
		11. Total time (years) spent in this occupation <u>20 1/2</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Morgantown Mo.</u>		
FATHER	13. NAME <u>James H. Stanfill</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Henderson Co. Tenn.</u>	
MOTHER	15. MAIDEN NAME <u>Radiac Sugleton</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Henderson Co. Tenn.</u>	
17. INFORMANT <u>James H. Stanfill</u> (ADDRESS) <u>Morgantown Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Little Prory</u> DATE <u>Sept 20 1931</u>		
19. UNDERTAKER <u>Hugh J. Morris</u> (ADDRESS) <u>Hugh J. Morris</u>		
20. FILED <u>9/19/1931</u> <u>J. W. Johnson</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 18, 1931

22. I HEREBY CERTIFY, that I attended deceased from Sept. 18, 1931 to Sept. 18, 1931
I last saw him alive on Sept 18, 1931. Death is said to have occurred on the date stated above, at 6:40 a.m.

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

Stomach Poisoning from eating what appeared to be tainted hamburger steak
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Date of onset 9-17-31

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? Yes
If so, specify _____

(Signed) J. W. Johnson, M. D.
(Address) Hayti, Tenn.

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 24 1931

