

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

Do not use this space.

41134

5123

1. PLACE OF DEATH

County Jackson Registration District No. _____
 Township Jaw Primary Registration District No. _____
 City Kansas City (No. 3012 Bellefontaine) St. _____ Ward _____

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

2. FULL NAME

(a) Residence, No. 3012 Bellefontaine 11 Ward.

(Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF <u>Mildred Standiford</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 15-1856</u>		
7. AGE	YEARS	MONTHS
	<u>75</u>	<u>7</u>
		<u>10</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>Foreman (Sheffield</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Steel Co) (Retired</u>	
	10. Date deceased last worked at this occupation (month and year) _____ Total time (years) spent in this occupation _____	

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MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 25, 1931
 22. I HEREBY CERTIFY, That I attended deceased from 9 AM, 1927 to Dec. 25, 1931
 I last saw him alive on Dec 25, 1931 Death is said to have occurred on the date stated above, at 11:00 P.M.
 The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis Date of onset _____
93C
106A 93C
 Other contributory causes of importance:
Acute Bronchitis

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Virginia</u>
	13. NAME <u>Benjamin F. Standiford</u>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Virginia</u>
	15. MAIDEN NAME <u>Elizabeth Jones</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Richmond Virginia</u>
	17. INFORMANT <u>Leslie D. Standiford</u> (ADDRESS) <u>3012 Bellefontaine Ave.</u>
	18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Fairfax Hill</u> DATE <u>December 28, 1931</u>
	19. UNDERTAKER <u>D. H. Newcomb's Sons</u> (ADDRESS) <u>2111 East 9th St.</u>
	20. FILED <u>12/28, 1931</u> <u>M. M. Crowl</u> Registrar.

Name of operation _____ Date of _____
 What test confirmed diagnosis? None 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) E. G. Morrow, M. D.
 (Address) 5-45-0 Tenth Ave

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.

WHITE CERTIFICATE, WITH UNFADING INK—THIS IS A PERMANENT RECORD

5458 Forest Ave.

2:30 P.M.