

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

Do not use this space.

491

**1. PLACE OF DEATH**

County Clay Registration District No. 198  
 Township Jacobs River Primary Registration District No. 3011  
 City Excelsior Spgs (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
 Registered No. 2

**2. FULL NAME**

Adam C. Stanbarger  
 (a) Residence, No. Worton Kans St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode) Wagon on Train (If nonresident, give city or town and State)  
 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 <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>Miss Martha Stanbarger</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 30 - 1867</u>		
7. AGE YEARS <u>64</u>	MONTHS <u>11</u>	DAYS <u>4</u>
If LESS than 1 day, _____ hrs. or _____ min.		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Rail Road Work</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>114</u>		
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation <u>25</u>

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)  
Ohio 2

MOTHER FATHER 13. NAME Daniel Stanbarger

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)  
Ohio

MOTHER 15. MAIDEN NAME Mary Coder

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)  
Ohio

17. INFORMANT (ADDRESS)  
Miss Martha Stanbarger  
Worton Kansas

18. BURIAL, CREMATION, OR REMOVAL PLACE  
Worton Kans DATE Jan 5 1932

19. UNDERTAKER (ADDRESS)  
John C. Prosher  
Excelsior Spgs

20. FILED Jan 5 1932 3rd. Class Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 4, 1932

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_.

That saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at 7 A. a. m.

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

Cerebral Hemorrhage Date of onset 1/4/31

Immediate Death

82A

Other contributory causes of importance: 82A

Name of operation no 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? \_\_\_\_\_

If so, specify \_\_\_\_\_

(Signed) W.L. Myers - Corner Clay Co. M. D.

(Address) Liberty Clay Co 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.

JAN 20 1932

