

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

Do not use this space.

13047

1731  
1728

**1. PLACE OF DEATH**

County Laclede Registration District No. 4449  
Township \_\_\_\_\_ Primary Registration District No. 4267  
City Stanton (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode) (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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Iola Alexander  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 4 1877  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
55 1 10

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Spinal American War Veteran 189  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. \_\_\_\_\_  
10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Nevada Mo. 1

13. NAME J. T. Pratt

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo. S. 2

15. MAIDEN NAME Luson Suddath

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo. S.

17. INFORMANT (ADDRESS) Mrs. Iola Pratt Stanton Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Stanton Mo. DATE April 17, 1932

19. UNDERTAKER (ADDRESS) Palmer Stanton

20. FILED Apr 16 1932 J. H. Bellamy Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 14, 1932

22. I HEREBY CERTIFY, That I attended deceased from Apr 14, 1932, to Apr 14, 1932  
I last saw him alive on Apr 14, 1932. Death is said to have occurred on the date stated above, at 10:45 P.M.  
The principal cause of death and related causes of importance were as follows:

Regina Sectors  
9/4/32  
Other contributory causes of importance: \_\_\_\_\_  
Date of onset \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Physical 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) J. L. Derrage, M. D.  
(Address) Stanton, Mo.

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.

MAY 25 1932

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

