

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

Do not use this space.

33095

1. PLACE OF DEATH.

78 County Pennington Registration District No. 651  
 2 Township Little Prairie Primary Registration District No. 4888  
 4 City Cauthersville (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
 Registered No. 162

2. FULL NAME Charles A. Stanton

(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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF Hettie Stanton (Deceased)

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown

AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>about 66</u>	<u>0</u>	<u>0</u>	<u>0</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House man

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 260

10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation 0

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 21

13. NAME Unknown 0

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

15. MAIDEN NAME Unknown

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

17. INFORMANT J. L. La Forge  
(ADDRESS) Cauthersville, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Little Prairie Cemetery Oct-27-1932

19. UNDERTAKER J. L. La Forge  
(ADDRESS) Cauthersville, Mo.

20. FILED Nov. 14 1932 Ada Martin  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct-26-1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 15, 1932, to Oct 26, 1932

I last saw him alive on Oct 20, 1932 Death is said to have occurred on the date stated above, at 5 P. m.

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

Paresis ①  
age  
 Other contributory causes of importance: age

Name of operation none Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ 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? no  
 If so, specify \_\_\_\_\_

(Signed) Fred L. Ogilvie, - N. E. M. D.  
 (Address) Cauthersville 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.

9 1932

