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

Do not use this space.

9143

File No.

Registered No. 6

1. PLACE OF DEATH
County GENTRY
Township JACKSON
City KING CITY, MO. (No. , St. Ward)

Registration District No. 312

Primary Registration District No. 4188

2. FULL NAME ROBERT 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 24 yrs. 11 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
MALE	WHITE	MARRIED

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF ALICE K. STANTON

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) FEB. 22, 1875

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
58	1	2	

OCCUPATION

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

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) FEB. 14, 1933. 11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) PERRIN MO.

FATHER

13. NAME THOMAS STANTON

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN. IRELAND.

MOTHER

15. MAIDEN NAME JEAN FINDLAYSON

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

17. INFORMANT (ADDRESS) R.H. Stanton KING CITY, MO.

18. BURIAL, CREMATION, OR REMOVAL
PLACE KING CITY, MO. DATE 3/26/33. 19

19. UNDERTAKER H.D. WILSON
(ADDRESS) KING CITY, MO.

20. FILED Mar 26, 1933 A.M. Paulette
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/24/33. 19

22. I HEREBY CERTIFY, That I attended deceased from Jan. 33, to Mar. 24 33

I last saw him alive on Mar. 24 33. Death is said to have occurred on the date stated above, at 9:00 m. A.M.

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

	Date of onset
acute dilitation of the heart.	Mar 24, 1933

Other contributory causes of importance:

chronic myocarditis.	Feb, 1932

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

clinical & xray examination.

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) R.H. Stanton D.O., M. D.

(Address) KING CITY, 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.

WHITE PERMANENT WITH SHADING INDICATES IS A PERMANENT RECORD