

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

Do not use this space.

9362

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.

APR 22 1933

1. PLACE OF DEATH *Howell*
 H/E County *Howell* Registration District No. *389*
 Township *30 Park* Primary Registration District No. *5544*
 City *Howell* (No.) St. *Howell* Ward

2. FULL NAME *Isaac Oster Stansford*
 (a) Residence, No. St. Ward
 (Usual place of abode)
 Length of residence in city or town where death occurred *7* yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *M* 4. COLOR OR RACE *Wht* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Married*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Mary Stansford*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Nov 9-1867*

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<i>65</i>	<i>4</i>	<i>11</i>	

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

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

10. Date deceased last worked at this occupation (month and year) *now* 11. Total time (years) spent in this occupation *19*

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Ill*

13. NAME *William W Stansford*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Ill*

15. MAIDEN NAME *Mary Brayles*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Ill*

17. INFORMANT (ADDRESS) *Carl B Stansford*
Wise - Dumas Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE *State Ins Ark* DATE *Mch 22, 1933*

19. UNDERTAKER (ADDRESS) *None*

20. FILED *Mch 21, 1933* *H A Thompson*
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Mch 21, 1933*

22. I HEREBY CERTIFY, That I attended deceased from *Mch 21, 1933*, to *Mch 21, 1933*
 I last saw him alive on *Mch 21, 1933* Death is said to have occurred on the date stated above, *7 a* m.
 The principal cause of death and related causes of importance were as follows:
Accidental Fracture of Skull
Falling Tree, Saw Log

Other contributory causes of importance:
194 B

Name of operation 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. *in Woods at home*

Manner of injury
 Nature of injury *Skull Fracture*

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify
 (Signed) *H A Thompson* M. D.
 (Address) *Waverly Mo*

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