

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

Do not use this space.

FEB 20 1935

4616

**1. PLACE OF DEATH**

County Carroll Registration District No. 134 File No. ....  
Township Comb. Primary Registration District No. 5-189 Registered No. 5  
City (No. ....) St. .... Ward)

**2. FULL NAME** Mr. E. T. Stator

(a) Residence, No. .... St. .... Ward. .... (If nonresident, give city or town and State)  
(Usual place of abode)  
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) married  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 11, 1864  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 70 9 24  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer  
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.....

9. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lydia Lee Stator

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky  
13. NAME James Stator  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky  
15. MAIDEN NAME Mertha Meredith  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

17. INFORMANT J. P. Stator (ADDRESS) Wallerda Mo.  
18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Hill DATE 2/7 1935

19. UNDERTAKER Willis Funeral Homes (ADDRESS) Carroll Mo.

20. FILED Feb 7, 1935 Mrs. Boss Brown, (Address) Wallerda Mo. Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 5<sup>th</sup>, 1935

22. I HEREBY CERTIFY, That I attended deceased from 1-26, 1935, to 2-5, 1935.  
I last saw him alive on 2-5, 1935. Death is said to have occurred on the date stated above, at 9:15 a.m.  
The principal cause of death and related causes of importance were as follows:

Mitral Insufficiency  
Other contributory causes of importance: 920  
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.

Manner of injury .....  
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?  
If so, specify Yes  
(Signed) R. Samuel Stator, M. D.  
Wallerda 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.

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The first part of the document discusses the importance of maintaining accurate records of all transactions. It emphasizes that every entry should be supported by a valid receipt or invoice. This ensures transparency and allows for easy verification of the data.

In the second section, the author details the various methods used to collect and analyze the data. This includes both manual and automated processes. The goal is to ensure that the information is both reliable and up-to-date.

The third section provides a comprehensive overview of the results obtained from the analysis. It highlights key trends and patterns that have emerged from the data. These findings are crucial for understanding the underlying dynamics of the system being studied.

Finally, the document concludes with a series of recommendations for future research and implementation. It suggests several areas where further investigation would be beneficial, as well as practical steps that can be taken to improve the current system.