FEB 20 1935

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

Do not use this space.

File No. 4616

Registered No. 5

1. PLACE OF DEATH
County: Carroll
Township: Combs
City: (No. , St. Ward)

Registration District No. 134
Primary Registration District No. 5-189

2. FULL NAME: Mr. E. T. Staton.

(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): Married.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Lydia Lee Staton

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Apr. 11. 1864

7. AGE: Years 70 | Months 9 | Days 24 | If LESS than 1 day, hrs. or min.

OCCUPATION
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:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kentucky.

FATHER
13. NAME: James Staton
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kentucky.

MOTHER
15. MAIDEN NAME: Martha Meredeth
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kentucky.

17. INFORMANT (ADDRESS): G. R. Staton, Wakenda Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Oak Hill. DATE: 2/7 1935

19. UNDERTAKER (ADDRESS): Willis Funeral Home, Carrollton Mo.

20. FILED: Feb. 7 1935 Mrs. Boss Brown, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Feb. 5th, 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:

	Date of onset
Mitral Insufficiency	

Other contributory causes of importance: None

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:
(Signed) R. Hamilton Staton M. D.
(Address) Carrollton, 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.