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.

MAR 16 1936

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

Do not use this space.

4402

1. PLACE OF DEATH
County Andrew
Township Nodaway
City Savannah (No. ..... St. ..... Ward)

Registration District No. 13
Primary Registration District No. 4010

File No. .....
Registered No. .....

2. FULL NAME Mrs. Lucy Jane Stanton
(a) Residence, No. 408 N. Fifth St., ... Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F
4. COLOR OR RACE W.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Wm. Stanton

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4-19-1857

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
78	9	24	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home
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) Platte Co Mo

FATHER
13. NAME Harvey Sparks
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) — Kentucky

MOTHER
15. MAIDEN NAME Phoebe Davis
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Buchanan Co Mo

17. INFORMANT (ADDRESS) Mrs. Jake Stephens Rosendale Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Savannah Mo DATE 2-16- 1936

19. UNDERTAKER (ADDRESS) J. Fred Terbune Savannah Mo

20. FILED 2-14 1936 Mrs A R King Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-13- 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 10th 1936, to Feb 13, 1936
I last saw her alive on Feb 12, 1936. Death is said to have occurred on the date stated above, at 3 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenza	2/4-36
11 B	

Other contributory causes of importance:

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) J. C. Hoshor, M. D.
(Address) Savannah Mo