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.

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

AUG 28 1936

Do not use this space.

27796

1. PLACE OF DEATH
County St. Francois, Registration District No. 774 File No. 320
Township ~~St. Francois~~ Primary Registration District No. 4465 Registered No.
City Flat River, Mo. (No. St. Ward)

2. FULL NAME Mr. Thomas L Stanfield
(a) Residence, No. Flat River, Mo. 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 Cauc.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Mary Elizabeth Stanfield
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 11-7-1876

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
59	8	20	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Worked for St. Joe Lead Co.
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) July 28, 1936
11. Total time (years) spent in this occupation 29 yr.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Maryland, Mo.

FATHER
13. NAME Thomas Monroe Stanfield
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) North Carolina

MOTHER
15. MAIDEN NAME Hannah Bass.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) North Carolina.

17. INFORMANT Mrs. Blanche Bollinger.
(ADDRESS) Leadwood, Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Union Church Cemetery DATE July 31st 1936
19. UNDERTAKER Alvin W. Elwood
(ADDRESS) Flat River, Mo.
20. FILED 8/3 1936 O B Farrar Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 27, 1936.
22. I HEREBY CERTIFY, That I attended deceased from July 27, 1936, to July 27, 1936
I last saw h. m. alive on July 27, 1936. Death is said to have occurred on the date stated above, at 1 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage (Apoplexy)	
8201	

Other contributory causes of importance:

Name of operation ✓ Date of
What test confirmed diagnosis? Clinical 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) Daily Appleberry, M. D.
(Address) Ritenmines Missouri