

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

Do not use this space.

**MAY 31 1937**

**1. PLACE OF DEATH**

County Nodaway Registration District No. 625

Township \_\_\_\_\_ Primary Registration District No. 203

City Marion, Missouri (No. St. Francis Hospital)

File No. 17122

Registered No. 48 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME Thomas Ivan Stafford**

(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**

**MEDICAL CERTIFICATE OF DEATH**

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 27 19 37

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Merle Stafford

22. I HEREBY CERTIFY, That I attended deceased from 4/22, 1937 to 4/27, 1937

I last saw him alive on 4/26, 1937 Death is said to have occurred on the date stated above, at 8:40 a.m.

The principal cause of death and related causes of importance were as follows:

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 19, 1894

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
43 1 8

Date of onset 4/24/37

Tuberculosis pneumonia  
chr. M. phthisis

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

Other contributory causes of importance:  
chronic Endocarditis  
chronic M. phthisis

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wilcox Missouri

13. NAME George Stafford

Name of operation Mamie Date of \_\_\_\_\_

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? no

15. MAIDEN NAME Belle Thompson

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. \_\_\_\_\_

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iowa

17. INFORMANT Mrs. Ivan Stafford (ADDRESS) Burlington Jct., Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Burlington Jct. DATE April 29 1937

19. UNDERTAKER (ADDRESS) J.R. Hann Burlington Jct. Mo.

20. FILED Apr 29 1937 Mamie E. Clardy Registrar

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify \_\_\_\_\_

(Signed) B. H. Ryland, M. D.  
(Address) Burlington Jct. Mo.

No property insurance - statement of OCCUPATION is very important.

