

JAN 17 1938

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

Do not use this space.

43941

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township Kaw Primary Registration District No. 1002
City Kansas City (No. 5331 Highland Ave.)

File No. 4844
Registered No. _____
St. _____ Ward _____

2. FULL NAME Frank A. Stanton

(a) Residence, No. 5331 Highland 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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 26, 1867

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
70 7 3

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Travel

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Roofer

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) Illinois

13. NAME John Stanton

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No record

15. MAIDEN NAME Rebecca Rice

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No record

17. INFORMANT (ADDRESS) Sister Camille
5331 Highland

18. BURIAL, CREMATION, OR REMOVAL PLACE Maple Hill DATE 12-2-37, 19__

19. UNDERTAKER (ADDRESS) W. J. & TOBIN COMPANY
Kansas City, Mo.

20. FILED Dec 2 1937 M. M. Brown
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 29, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 2, 1937, to Nov 29, 1937

I last saw him alive on Nov 28, 1937 Death is said to have occurred on the date stated above, at 8 P.M.

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

Chronic Myocarditis
6 months ago

Other contributory causes of importance:
Essential Hypertension
about 5 years

Name of operation _____ Date of _____
What test confirmed diagnosis obscure. 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?
If so, specify Paul J. Bourke, M. D.
(Signed) _____ (Address) 1407 Bryant

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

