

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

Do not use this space.

1. PLACE OF DEATH

County *Jackson*
Town *Lawrence*
City *Lawrence* (No. *3516 Highland*)

Registration District No. *399*
Primary Registration District No. *1002*

File No. *5827*
Registered No. *897*
St. _____ (Ward)

2. FULL NAME

(a) Residence, No. *3516 Highland* Ward. _____ (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 *Fe* 4. COLOR OR RACE *wh.* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Widowed*

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Dec 31-1851*

7. AGE YEARS *86* MONTHS *1* DAYS *26* If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *None*

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) *St. Johns, Mo.*

13. NAME *Chas. Carl*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Vir.*

15. MAIDEN NAME *Susan Warner*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Virginia*

17. INFORMANT (ADDRESS) *Mrs J. W. K... 216 Highland*

18. BURIAL, CREMATION, OR REMOVAL PLACE *St. John Mo* DATE *Feb. 22 1938*

19. UNDERTAKER (ADDRESS) *Ray... Funeral Home*

20. FILED *7 23 38* M. M. Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Feb. 21 1938*

22. I HEREBY CERTIFY That I attended deceased from *Jan 1st 1937* to *Feb 21 1938*
I last saw h. e. alive on *Feb 21 1938* Death is said to have occurred on the date stated above, at *89* m. (*85 A.M.*)

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

*Paresis
and
Hemiplegia*

Other contributory causes of importance: *Sto*
*Gastralgia
and anemia*

Name of operation _____ Date of _____
What test confirmed diagnosis? *None* Was there an autopsy? *No*

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? *No* 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 *None*
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? *None*
If so, specify _____

(Signed) *Lee Harmon*, M. D.
(Address) *1819 E. 35th St. Lawrence 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.

Office of
I. B. Easton

2600

Directly and Indirectly
Department of Agriculture
Bureau of Entomology and Plant Quarantine
Washington, D. C.

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County.....
Township.....
City..... (No. St. Ward)

Registration District No.....
Primary Registration District No.....

File No.....
Registered No. 893

2. FULL NAME

Martha Isabel Stanton

(a) Residence, No. St., Ward.
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

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

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

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

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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19

19. UNDERTAKER (ADDRESS)

20. FILED

2/23/38 M.M. Croome
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 21, 1938

22. I HEREBY CERTIFY, That I attended deceased from

I last saw him alive on, 19..... Death is said

to have occurred on the date stated above, at..... m.

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

Papercis (Senile)

Date of onset

82a

Other contributory causes of importance

Secondary to Myoplegia

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) Lee Harrison, M. D.
(Address) 1896.35th St. K.C. Mo.

SUPPLEMENTARY

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. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

5827