

REC'D SEP 20 1939

MISSOURI STATE BOARD OF HEALTH

3 BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

28784

Do not use this space.

1. PLACE OF DEATH

(a) County Cape Girardeau 1 Registration District No. 125
 (b) Township _____ Primary Registration District No. 3009 Registered No. 247
 (c) City Cape Girardeau (d) Street No. In Mississippi River, foot of Themis Street St.
 (e) Length of residence in city or town where death occurred 52 yrs. 1 mo. 29 ds. (If death occurred in Hospital or Institution, write its name instead of street and number)
 (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Isaac Stanton

(a) Residence, No. 405 Good Hope St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 29, 1887

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
52 1 29

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

9. Industry or business in which work was done, as 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) Cape Girardeau, Mo.

13. NAME Jesse Stanton

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

15. MAIDEN NAME Sophia Wright

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

17. INFORMANT (ADDRESS) Mrs. Anna Shannon (sister)
St. Louis, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Fairmont DATE Aug. 30, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) F. J. Sparks
Cape Girardeau, Mo.

20. FILED 8-27-39 J. M. Thompson
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 27, 1939

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

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:

see the body after hearing all the medical history of the patient. After a thorough examination of the body, death was pronounced.

Other contributory causes of importance: 1880

Name of operation 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? accident Date of injury Aug 27, 1939

Where did injury occur? in Mississippi River (Specify city, or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

at the foot of Themis Street, Cape Girardeau

Manner of injury fall from boat

Nature of injury fracture of skull, drowning

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) E. P. Dickson, Coroner, M.D.

(Address) St. Louis, Mo.

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.

11 X1628

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

Frank J. Sparks

....., or by

Registered Apprentice No., working under my personal supervision.

Signed

Frank J. Sparks

Licensed Embalmer No.

3455

P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.