

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

Do not use this space.

39773

File No.
Registered No.
St. Ward)

1. PLACE OF DEATH

County Jasper Registration District No. 408
Township Marion Primary Registration District No. 3020
City Carthage (No. St. Ward)

2. FULL NAME Hannah Ann Stanley

(a) Residence. No. 515 Walnut St., Ward,
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 53 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Widowed</u>
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5A. If MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Era Stanley

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 17, 1846

7. AGE - YEARS <u>84</u>	MONTHS <u>6</u>	DAYS <u>3</u>	If LESS than 1 day, hrs. min.
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8. OCCUPATION OF DECEASED 1861 Housewife 194

(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Lewisville
(STATE OR COUNTRY) Indiana

10. NAME OF FATHER Walnut Lester

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Pennsylvania

12. MAIDEN NAME OF MOTHER Mary Ann

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Pennsylvania

14. INFORMANT Homer Stanley
(Address) Howard St. - Carthage, Mo.

15. FILED 12/20 1930 E. J. Kitcham
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 20 1930

17. I HEREBY CERTIFY, That I attended deceased from Nov. 25 1930, to Dec. 20 1930 that I last saw h. aw alive on Dec. 20 1930, and that death occurred, on the date stated above, at 10:15 A. M.

THE CAUSE OF DEATH WAS AS FOLLOWS:

accidental fall from porch steps with injury to chest
(duration) yrs. mos. 25 ds.

CONTRIBUTORY (SECONDARY) 185
(duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED 185
IF NOT AT PLACE OF DEATH

19. DID AN OPERATION PRECEDE DEATH? DATE OF " "

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) R. A. Webster M. D.
Dec 20 1930 (Address) Carthage Mo.

*State the DISEASE CAUSING DEATH, or in death from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, OR HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Park Cemetery DATE OF BURIAL Dec. 22 1930

20. UNDERTAKER Snice Mortuary ADDRESS Carthage, 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.

JAN 20 1931

