JUN 3 1935

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

Do not use this space.

13874

File No. 15-0 149

Registered No. 668

1. PLACE OF DEATH

County Pettis

Township

City Sedalia (No. Bothwell Hospital St. Ward)

Registration District No. 668

Primary Registration District No. 3032

2. FULL NAME Robert A Stanley

(a) Residence, No. 1103 W 3rd. 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: M

4. COLOR OR RACE: W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 4 1848

7. AGE: Years 86 | Months 5 | Days 23 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

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) Ky.

FATHER

13. NAME J.O.Stanley

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

MOTHER

15. MAIDEN NAME Elizabeth Dawson

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

17. INFORMANT T.O.Stanley
(ADDRESS) Sedalia Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Crown Hill DATE April 29 1935

19. UNDERTAKER Gillespie Funeral Home
(ADDRESS) Sedalia Mo.

20. FILED 4-29-1935 Fran Black Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 27 1935

22. I HEREBY CERTIFY, That I attended deceased from 4-24, 1935, to 4-27, 1935

I last saw him alive on 4/27, 1935. Death is said to have occurred on the date stated above, at 4 p.m.

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

	Date of onset
Shock due to fuel and Fracture of humerus	4/24
Senile	10

Other contributory causes of importance:

Name of operation Reduction fracture Date of 4/25-35

What test confirmed diagnosis? X Ray 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 4/24 1935

Where did injury occur? Sedalia Mo
(Specify city or town, county, and State)

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

Home

Manner of injury fell off bot

Nature of injury Fracture of humerus

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify —

(Signed) D P Dyer, M. D.

(Address) Sedalia 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.