

JUL 27 1937

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

Do not use this space.

23463
74

1. PLACE OF DEATH

County Clay
Township Excelsior Springs
City Excelsior Springs (No. _____)

Registration District No. 198
Primary Registration District No. 3011

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

2. FULL NAME

Male Stanley
(a) Residence, No. Anderson Apt St. _____ Ward _____
(Usual place of abode)

Oska City, Okla
(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 28 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 1892
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
About 45

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home
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) Okla

FATHER 13. NAME Mitchell Stanley

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

MOTHER 15. MAIDEN NAME Don't know Stephens

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

17. INFORMANT (ADDRESS) John James

18. BURIAL, CREMATION, OR REMOVAL PLACE Kansas City Mo DATE June 10 1937

19. UNDERTAKER (ADDRESS) Calvin D. Prichard - Excelsior Springs Mo.

20. FILED June 10 1937 Louis M. Cracker Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 10 1937

22. I HEREBY CERTIFY, That I attended deceased from May 15 1937, to June 10 1937
I last saw her alive on June 10 1937. Death is said to have occurred on the date stated above, at 2:10 p. m.
The principal cause of death and related causes of importance were as follows:

Bright's Disease (don't know) Date of onset
2:35 Dropping

Other contributory causes of importance: Abcess on hip

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) C. P. Bartley M. D.
(Address) Excelsior Springs Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

13.20

**MISSOURI STATE BOARD OF HEALTH
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CERTIFICATE OF DEATH**

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1. PLACE OF DEATH

County Clay Registration District No. 198 File No. 23463
 Township _____ Primary Registration District No. 3011 Registered No. _____
 City Excelsior Spgs St. _____ Ward _____

2. FULL NAME Mable Stanley

(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 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) M

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. 45

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 June 10, 1937 Korena Nizbrasku Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 10, 1937

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:

Bright's disease
They people were giving 21 of time no looking they cured me. they were
transient and
 Other contributory causes of importance:
Cured not spoke English
Very phony. 3d hand & make understand -
value of an eye Inventor

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) C. P. Bartley, M. D.
 (Address) Excelsior Spgs no

SUPPLEMENT

S-23463