

REC'D MAY 18 1939

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

15713

Do not use this space.

## 1. PLACE OF DEATH

(a) County Demasott Registration District No. 65-3  
 (b) Township \_\_\_\_\_ Primary Registration District No. 4390 Registered No. 27  
 (c) City Hayth (d) Street No. \_\_\_\_\_ St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

354 William Robert Stanley  
 (a) Residence, No. \_\_\_\_\_ 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Unwedded

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 25, 1873

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
65 3 6

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. \_\_\_\_\_  
 9. Industry or business in which work was done, as saw mill, bank, etc. General Manager  
 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) New Madrid Mo.

FATHER 13. NAME W. J. Stanley

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

MOTHER 15. MAIDEN NAME Nancy J. Wynn

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

17. INFORMANT (ADDRESS) Francis Caldwell Hayth, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Hayth, Mo. DATE 4-2-39

19. FUNERAL DIRECTOR (ADDRESS) Ray and Co. Hayth, Mo.

20. FILED 4-1-1939 J. W. Rhodes Local Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 31, 1939

22. I HEREBY CERTIFY, That I attended deceased from Mar 13, 1939, to Mar 31, 1939

I last saw him alive on Mar 31, 1939. Death is said to have occurred on the date stated above, at 11:10 P.M.

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

Bronchopneumonia

Date of onset 3-29

Other contributory causes of importance:

Bright's Disease  
Chronic Arteriosclerosis  
Acute Debitity

3-31

1939

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? Exam Was there an autopsy? No

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) William F. Pitt, M. D.

(Address) Hayth

RECEIVED

District Health Officer No. 334

District File Number 39-322

Date Filed 5-9-99

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STATEMENT BY LICENSED EMBALMER

I, ....., Licensed Embalmer No. ....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by .....

..... L. E. ....

No. .... or by ....., Registered Apprentice No. ....

working under my personal supervision.

Signed .....

Licensed Embalmer No. ....

**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.)**