

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.

CENTRAL VITAL STATISTICS
CERTIFICATE OF DEATH

29988

1. PLACE OF DEATH

County Barry
Township Flatlick
City (No., St. Ward)

Registration District No. 29
Primary Registration District No. 5038

File No.
Registered No. 61

2. FULL NAME

Mollie Stansberry

(a) Residence. No. 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 Fe 4. COLOR OR RACE Wh. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF D. C. Stansberry

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr. 14 1862

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
67 5 29

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

10. NAME OF FATHER unknown

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

12. MAIDEN NAME OF MOTHER unknown

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

14. INFORMANT James Stansberry (Address) Cassville

15. FILED Nov 19 29 Mrs. H. R. Williams REGISTRAR D. P. i.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 9/13 19 29

17. I HEREBY CERTIFY, That I attended deceased from 5/31, 1929, to 9/13, 1929, that I last saw her alive on 9/16, 1929, and that death occurred, on the date stated above, at 9 P. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Paralysis following cerebral apoplexy
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) ✓ (duration) yrs. mos. ds.

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

DID AN OPERATION PRECEDE DEATH? no DATE OF ✓

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? clinical
(Signed) H. H. Lincoln (M. D.)
, 19 (Address) Cassville, Md.

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

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Comith DATE OF BURIAL 9-14 1929

20. UNDERTAKER Thomas F. Williams ADDRESS Cassville, Md.

