

DEC 30 1936

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

Do not use this space.

42283

1. PLACE OF DEATH

County Ray Registration District No. 744  
Towship Richmond Primary Registration District No. 3035  
City (No. 547) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 118  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 22 1868

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
68 0 12

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

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) Ray, Mo

13. NAME Willie S. Stanley

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ray, Mo

15. MAIDEN NAME Sarah Thompson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ray, Mo

17. INFORMANT Joseph Bayne  
(ADDRESS) Richmond, Mo.

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Dorkey, Mo. DATE Nov 15 1936

19. UNDERTAKER E. M. Gainer  
(ADDRESS) Richmond, Mo.

20. FILED 12-10 19 36 E. E. Ray  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 4 19 36

22. I HEREBY CERTIFY, That I attended deceased from Sept 15 1936 to Nov 4 1936

I last saw her alive on Nov 4 19 36 Death is said to have occurred on the date stated above, at 5:15 p.m.

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

Chronic Nephritis ?

Other contributory causes of importance:  
nitrosterosis ?

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Phy Ex 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) Jos J. Wood M. D.  
(Address) Richmond, 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.

