

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

Do not use this space.

23988

**1. PLACE OF DEATH**

County Ray  
Township Richmond  
City Richmond (No. ....)

Registration District No. 744  
Primary Registration District No. 3035

File No. ....  
Registered No. 59  
St. .... Ward)

**2. FULL NAME** Jake Stanley

(a) Residence. No. County House 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Ma 4. COLOR OR RACE Wh 5. SINGLE, MARRIED, WIDOWED OR Married (circle the word)

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. Unknown

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
66 — — —

**8. OCCUPATION OF DECEASED**

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ray Co Mo

10. NAME OF FATHER Willis Stanley

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Ray Co Mo

12. MAIDEN NAME OF MOTHER Sarah Thompson

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Ray Co Mo.

14. INFORMANT Mrs J R Hamner  
(Address) Richmond Mo.

15. FILED July 6, 1930 E. C. Gay REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 7-3-30 19

17. 11:55 P M

I HEREBY CERTIFY, That I attended deceased from 1929 to June 13, 1930, and that I last saw him alive on June 13, 1930, and that death occurred, on the date stated above, at 11:55 P M.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

131 Chronic Nephritis

137 Hypertrophy of prostate (duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY) Hypertrophy of prostate (duration) yrs. mos. da.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH? 1929 DATE OF

0 DID AN OPERATION PRECEDE DEATH? 1929 DATE OF

WAS THERE AN AUTOPSY? 1929

WHAT TEST CONFIRMED DIAGNOSIS? Autopsical  
(Signed) E. C. Gay, M. D.  
, 19 (Address) Richmond

\*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 Mc Donald Cem. DATE OF BURIAL 7-8-30

20. UNDERTAKER E W MANSUR ADDRESS RICHMOND MO.

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.

JUL 25 1930

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