

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

Do not use this space.

9732

1. PLACE OF DEATH

County Ray
Township Ornick
City Ornick (No.)

Registration District No. 743
Primary Registration District No. 4445

File No.
Registered No. 17
St. Ward)

2. FULL NAME Martha Elizabeth Stanley

(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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Widow</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>5/10-1856</u>				
7. AGE	YEARS <u>75</u>	MONTHS <u>8</u>	DAYS <u>21</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>			
	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) <u>Ray Co Mo</u>				
FATHER	13. NAME <u>Orndick Taylor</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ray Co Mo</u>			
MOTHER	15. MAIDEN NAME <u>Fatha Granier</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>North Carolina</u>			
17. INFORMANT (ADDRESS) <u>Mrs. Lula Meyers</u>				
18. BURIAL, CREMATION, OR REMOVAL				
PLACE <u>South Point</u>		DATE <u>4/2</u> 19 <u>32</u>		
19. UNDERTAKER (ADDRESS) <u>C. V. Gibson Ornick Mo</u>				
20. FILED <u>Mar 31 1932</u> <u>J. E. Ellis</u> Registrar				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/31 1932

22. I HEREBY CERTIFY, That I attended deceased from Mar 19 1932, to Mar 31 1932
I last saw her alive on Mar 31 1932. Death is said to have occurred on the date stated above, at 8 P. m.
The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage
Arterio Sclerosis - Hypertension
Date of onset Mar 19 1932

Other contributory causes of importance:
Arterio Sclerosis - Hypertension (1)
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? No
If so, specify
(Signed) W. H. Lewis, M. D.
(Address) Ornick 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. FEB 28 1932

WHILE IN EFFECT, WITH UNFADING INK—THIS IS A PERMANENT RECORD

