

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

Do not use this space.

17084

JUN 27 1939

1. PLACE OF DEATH

County Ray Registration District No. 744
Township Richmond Primary Registration District No. 3035
City Richmond (No.) St. Ward)

File No.
Registered No. 45

2. FULL NAME Thomas Mode 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE Wn 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug. 8 1888

7. AGE 41 YEARS 9 MONTHS 18 8 DAYS If LESS than 1 day, ___ hrs. or ___ min.

8. OCCUPATION OF DECEASED

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

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

10. NAME OF FATHER Thomas Mc Clain Stanley

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

12. MAIDEN NAME OF MOTHER Pattie Bullock

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

14. INFORMANT Mrs Grace Stanley
(Address) Richmond M

15. James L. E. Lay REGISTRAR
M.D. 19 30.6.39

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 28 1939 19
7:15 P M

17. I HEREBY CERTIFY, That I attended deceased from 2/1 1930, to 5-26 1939, and that I last saw him alive on 5-26 1939, and that death occurred, on the date stated above, at 5 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic myocarditis
930
115 B.
(duration) _____ yrs. _____ mos. _____ da.

CONTRIBUTORY (SECONDARY)

Septicemia yrs. _____ mos. _____ da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? _____

DID AN OPERATION PRECEDE DEATH? No. DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS? _____

(Signed) J. L. E. Lay 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 City Cem. Richmond Mo

DATE OF BURIAL 5-28-30 19

20. UNDERTAKER A.W. Mansur

ADDRESS Richmond Mo.

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.

