

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

Do not use this space.

13815

1951

**1. PLACE OF DEATH**

County Jackson  
Township Thayer  
City Kansas City (No. 5147) Baltimore

Registration District No. 399  
Primary Registration District No. 10.22

File No. 13815  
Registered No. 1951  
St. Mo. Ward 5

**2. FULL NAME**

Fred B. Stanley

(a) Residence. No. 5147 Baltimore St. Mo. Ward 5  
(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 16 yrs. 0 mos. 0 ds. How long in U.S., if of foreign birth? 0 yrs. 0 mos. 0 ds.

**PERSONAL AND STATISTICAL PARTICULARS**

**3. SEX**

m

**4. COLOR OR RACE**

wh

**5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)**

married

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

Iola L. Stanley

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

July 27, 1881

**7. AGE**

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

46

9

3

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work

Buyer

(b) General nature of industry, business, or establishment in which employed (or employer)

Ames Packing Co.

(c) Name of employer

**9. BIRTHPLACE (CITY OR TOWN)**

(STATE OR COUNTRY)

Michigan

**10. NAME OF FATHER**

George Stanley

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

(STATE OR COUNTRY)

New York

**12. MAIDEN NAME OF MOTHER**

Matilda Brocken

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

(STATE OR COUNTRY)

Michigan

**14.**

INFORMANT  
(Address)

Mrs. Iola L. Stanley  
5147 Baltimore

**15.**

FILED

5/1/28 M. M. Cox  
Asst. REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH (MONTH, DAY AND YEAR)**

April 30 1928

**17.**

I HEREBY CERTIFY That I attended deceased from Feb 25, 1928, to Apr 30, 1928  
that I last saw him alive on Apr 29, 1928, and that death occurred, on the date stated above, at 5:00 a.m.

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

Edema of Brain  
820X

**CONTRIBUTORY (SECONDARY)**

unknown

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no DATE OF no

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) L. B. Webb M. D.  
1928 (Address) 925 W. 12th St.

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

**19. PLACE OF BURIAL, CREMATION, OR REMOVAL**

**DATE OF BURIAL**

Buchanan, Mich

5-1 1928

**20. UNDERTAKER**

**ADDRESS**

H. H. Newcomer's Sons 25.6, 7

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.

RECORD WITH OBTAINING INK—THIS IS A PERMANENT RECORD

925 (m. 101)  
vie 1105-  
3-6.