JL 24 1928

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

Do not use this space.

19951

85

1001

1. PLACE OF DEATH
County Buchanan — Registration District No. 85 — File No.
Township — Primary Registration District No. 1001 — Registered No. 743
City St. Joseph, (No. 3002 Angelique St. Ward)

2. FULL NAME June Belle Stanley,
(a) Residence. No. 3002 Angelique St., Ward. (If nonresident give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 4 yrs. 4 mos. 9 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

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.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 1st. 1924

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	4	4	9	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Child.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Saint Joseph,
(STATE OR COUNTRY) Missouri,

PARENTS
10. NAME OF FATHER Harry E. Stanley,
11. BIRTHPLACE OF FATHER (CITY OR TOWN) St. Joseph,
(STATE OR COUNTRY) Missouri,
12. MAIDEN NAME OF MOTHER Fae Reynolds,
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Stanberry,
(STATE OR COUNTRY) Missouri,

14. INFORMANT Harry E. Stanley
(Address) 3002 Angelique Street.

15. FILED JUN 11 1928, 19 John G. Ux SS REGISTRAR

2

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 10 1928

17. I HEREBY CERTIFY, That I attended deceased from June 9, 1928, to June 10, 1928 that I last saw her alive on June 9, 1928 and that death occurred, on the date stated above, at 4.40 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Bronchopneumonia, acute
9
107.0
(duration) yrs. mos. 6 ds.

CONTRIBUTORY (SECONDARY) Pertussis
(duration) yrs. mos. 14 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? X
0 DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? None
(Signed) U Roger Moore, M. D
6/12, 1928 (Address) St. Joseph Mo.

*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	DATE OF BURIAL
Mount Mora Cemetery	June 11 1928
20. UNDERTAKER	ADDRESS
Heaton-BeGole & Bowman by J. W. Kanle	319 S. 10 St. Funeral Home