

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.

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

Do not use this space.

**JAN 22 1929**

39747

**1. PLACE OF DEATH**  
 County... Carroll Registration District No. 134  
 Township... Ridgester Primary Registration District No. 4075  
 City... Rosworth, (No. ....) St. .... Ward ....

**2. FULL NAME** Joseph S. 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.

File No. ....  
 Registered No. 20  
 St. .... Ward ....

**PERSONAL AND STATISTICAL PARTICULARS**

**3. SEX** M **4. COLOR OR RACE** White **5. SINGLE, MARRIED, WIDOWED OR DIVORCED** (write the word) Widowed

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

**6. DATE OF BIRTH** (MONTH, DAY AND YEAR) MAR. 18th 1871

<b>7. AGE</b>	<b>YEARS</b>	<b>MONTHS</b>	<b>DAYS</b>	<b>IF LESS than 1 day, hrs. or min.</b>
<u>57</u>	<u>8</u>	<u>20</u>		

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

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

**10. NAME OF FATHER** Bartlett Stanley

**11. BIRTHPLACE OF FATHER** (CITY OR TOWN) LO.  
 (STATE OR COUNTRY)

**12. MAIDEN NAME OF MOTHER** Catharin Forrest

**13. BIRTHPLACE OF MOTHER** (CITY OR TOWN) LO.  
 (STATE OR COUNTRY)

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH** (MONTH, DAY AND YEAR) Dec 8 1928

**17. I HEREBY CERTIFY, That I attended deceased from** X  
X, 19... to X, 19...  
 that I last saw h... alive on... X, 19... and that death occurred, on the date stated above, at X m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**  
Apoplexy  
92A (duration) yrs. mos. ds.  
7401 (duration) yrs. mos. ds.

**CONTRIBUTORY (SECONDARY)**  
 (duration) yrs. mos. ds.

**18. WHERE WAS DISEASE CONTRACTED**  
 IF NOT AT PLACE OF DEATH? .....

**B** DID AN OPERATION PRECEDE DEATH? .....

DATE OF .....

WHAT TEST CONFIRMED DIAGNOSIS?  
 (Signed) O. C. Dickerson M.D.  
 , 19 (Address) Bogard 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** Warton Cemetery **DATE OF BURIAL** 12-10 1928

**20. UNDERTAKER** Winniford Bogard **ADDRESS** Bosworth

**14. INFORMANT** Mrs Hattie Kern  
 (Address) Bosworth mo

**15. FILED** Jan 9, 1929 Mrs. Ross Brown  
 REGISTRAR

