JAN 28 1929

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

Do not use this space.

42017

1. PLACE OF DEATH
County Pettis — Registration District No. 668 — File No.
Township Sedalia — Primary Registration District No. 5889 — Registered No. 346
City Sedalia (No. ..... St. ..... Ward)

2. FULL NAME Thomas Stanley
(a) Residence. No. ..... St., ... Ward. Knobnoster Mo
(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 Male
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) [illegible]
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Do Not Know
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct-1-1887
7. AGE Years 41 Months 3 Days 25 If LESS than 1 day, ... hrs. or ..... min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) [illegible]
(c) Name of employer Wm Falkner
9. BIRTHPLACE (CITY OR TOWN) La Monte
(STATE OR COUNTRY) [illegible]

PARENTS
10. NAME OF FATHER Issac N. Stanley
11. BIRTHPLACE OF FATHER (CITY OR TOWN) North Carolina
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Mary R. Edwards
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) La Monte Mo.
(STATE OR COUNTRY)

14. INFORMANT [illegible]
(Address) Sedalia Mo

15. FILED 12-27 1928 J.G. Love REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec-25 1928
17. I HEREBY CERTIFY, That I attended deceased from after death, 19....., to ....., 19.....
that I last saw h..... alive on ....., 19....., and that death occurred, on the date stated above, at ..... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Injuries sustained in collision of auto bus with train. Skull crushed west of Sedalia on Highway No 50 just outside of city limits
(duration) yrs. mos. ds.

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

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) W. S. Bishop Coroner, M. D
, 19 (Address) Sedalia 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 Knobnoster Mo. — DATE OF BURIAL 12-28 1928
20. UNDERTAKER McLaughlin Bros — ADDRESS Sedalia

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

this Information can probably be ~~[illegible]~~ had
from Chas Satty of Knobnoster Mo