

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

Do not use this space.

40699

1. PLACE OF DEATH

Country Jackson Registration District No.
 Township Rail Primary Registration District No.
 City Kansas City (No. 1715 Lenwood St. Ward)

File No.
 Registered No. 5114
 St. Ward)

2. FULL NAME

William Roy Standish
 (a) Residence No. 1715 Lenwood St. 13 Ward.
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred yrs. 7 mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE <u>Grace M. Standish</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Apr. 23-1883</u>		
7. AGE YEARS <u>46</u>	MONTHS <u>7</u>	DAYS <u>18</u>
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) Retired
 (c) Name of employer Self

9. BIRTHPLACE (CITY OR TOWN) Hume
 (STATE OR COUNTRY) Missouri

10. NAME OF FATHER L. L. Standish

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

12. MAIDEN NAME OF MOTHER Scepta Standish

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

14. INFORMANT Grace M. Standish
 (Address) 1715 Lenwood

15. FILED 17 11, 19 29 M. M. Cronin
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 11 1929
 17. I HEREBY CERTIFY, That I attended deceased from 8 PM Dec - 1929, to 5:19 PM 1929, and that I last saw him alive on Dec 10 - 1929, and that death occurred, on the date stated above, at 3:30 PM.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

94A
94B Angina Pectoris
 (duration) 1 yrs. mos. ds.
 CONTRIBUTORY arterio sclerosis of coronary
 (SECONDARY) artery (duration) 1 yrs. mos. ds.

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

19. DID AN OPERATION PRECEDE DEATH? No... DATE OF ...
 WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Autopsy
 (Signed) B. A. Periman, M. D.
11 19 29 (Address) 452 Board Trade Bldg.

*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 Hume Mo DATE OF BURIAL Dec 11 1929

20. UNDERTAKER R. V. Lindsey ADDRESS City Mo

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.

