

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

Do not use this space.

30034840

**1. PLACE OF DEATH**

County Jackson  
Township Kennett  
City Kennett City (No. 1316 Olive)

Registration District No. 399  
Primary Registration District No. 1002

File No. 30034840  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward)

**2. FULL NAME**

Mrs Lillian Stanley  
(a) Residence. No. 1316 Olive St., 9 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.

**PERSONAL AND STATISTICAL PARTICULARS**

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) December 2-1864

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
65 9 15

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work. Housewife  
(b) General nature of industry, business, or establishment in which employed (or employer). \_\_\_\_\_  
(c) Name of employer \_\_\_\_\_

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

10. NAME OF FATHER Thomas F. Miles

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

12. MAIDEN NAME OF MOTHER Sarah E. Reed

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

14. INFORMANT (Address) Jesse W. Stanley  
1316 Olive Kennett City Mo

15. FILED 9/15/30 M. W. Cobue REGISTRAR  
Asst

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) September 18 1930

17. I HEREBY CERTIFY, That I attended deceased from Aug 29<sup>th</sup>, 1929 to Sept 18<sup>th</sup>, 1930 that I last saw him alive on Sept 17<sup>th</sup>, 1930, and that death occurred, on the date stated above, at 4 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Carcinoma of Uterus  
53B (duration) 1 yrs. 70 mos. 20 ds.  
CONTRIBUTORY Carcinoma of Bladder  
(SECONDARY) (duration) 1 yrs. 20 mos. 20 ds.

18. WHERE WAS DISEASE CONTRACTED

46 at home  
IF NOT AT PLACE OF DEATH \_\_\_\_\_  
DID AN OPERATION PRECEDE DEATH? no DATE OF no  
WAS THERE AN AUTOPSY? no  
WHAT TEST CONFIRMED DIAGNOSIS? clinical  
(Signed) H. Lindy, M.D.  
9/19/30 (Address) 805 Elmwood

\*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 Stover Missouri DATE OF BURIAL 9-20 1930

20. UNDERTAKER John J. Sheehan ADDRESS K.C. Mo

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.

501 County 800 (10/10/10)  
Phone Benton 1746