

DEC 20 1930

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

Do not use this space.

35502

File No. \_\_\_\_\_  
Registered No. 252  
St. \_\_\_\_\_ Ward \_\_\_\_\_

1. PLACE OF DEATH

County Callaway Registration District No. 104  
Township State Primary Registration District No. 3008  
City Sulton (No. \_\_\_\_\_)

2. FULL NAME

Harry Lincoln Stanley

(a) Residence. No. State Hosp #1, Sulton, Mo. H-2 Ward. Glennwood, Mo.  
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. 4 mos. 22 ds. How long in U. S., if of foreign birth? yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. \_\_\_\_\_

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 24, 1866

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
64 6

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work none  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
(c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Edgewise, Iowa  
(STATE OR COUNTRY)

10. NAME OF FATHER J. W. Stanley

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

12. MAIDEN NAME OF MOTHER Evelyn Campbell

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) William  
(STATE OR COUNTRY) New Hampshire

14. INFORMANT Record of State Hosp #1  
(Address) Sulton, Mo

15. FILED Dec 1st 1930 R. N. Creese  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 30 1930

17. I HEREBY CERTIFY, That I attended deceased from July 30, 1930 to Nov 30, 1930 that I last saw him alive on Nov 30, 1930, and that death occurred, on the date stated above, at 6:30 PM.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Gastric Carcinoma

CONTRIBUTORY (SECONDARY) H&B  
(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Physical finding & symptoms  
(Signed) C. C.ault M. D.

. 19 (Address) Sulton, 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 Glennwood Cemetery DATE OF BURIAL Dec 2 1930

20. UNDERTAKER John a Roberts ADDRESS Lancaster

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.

