

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

Do not use this space.

1702

**1. PLACE OF DEATH**

County Jasper  
Township Livingston  
City Carl Junction (No. ....)

Registration District No. 406  
Primary Registration District No. 4240

File No. ....  
Registered No. 3  
St. .... Ward)

**2. FULL NAME**

Joshua Holloway Stanley  
(a) Residence No. 109 St. 5th Ward.

(Usual place of abode) (If nonresident give city or town and State)  
Length of residence in city or town where death occurred 30 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** White **5. SINGLE, MARRIED, WIDOWED OR DIVORCED** Married  
(write the word)

**5A. If MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF** Nancy Stanley

**6. DATE OF BIRTH (MONTH, DAY AND YEAR)** Apr 25 1870

**7. AGE** YEARS MONTHS DAYS **IF LESS than 1 day, hrs. or min.**  
60 9 2

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Retail Hardware & Implements  
(b) General nature of industry, business, or establishment in which employed (or employer) Salesman  
(c) Name of employer 177

**9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** Princeton Mo.

PARENTS

**10. NAME OF FATHER** Walter Stanley

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

**12. MAIDEN NAME OF MOTHER** Eliza Hogan

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)** no record

**14. INFORMANT (Address)** Mrs Nancy Stanley Carl Junction Mo.

**15. FILED** 1-30-31 1931 W Roney REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH (MONTH, DAY AND YEAR)** Jan. 27 1931

**17. I HEREBY CERTIFY** That I attended deceased from 10 to 11 1931 that I last saw him alive on Jan 27 1931 and that death occurred, on the date stated above, at 8:30 p. m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**  
Pulmonary Tuberculosis

23A  
25  
(duration) 1 yrs. mos. ds.  
**CONTRIBUTORY (SECONDARY)**  
(duration) yrs. mos. ds.

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

**DID AN OPERATION PRECEDE DEATH** no DATE OF Jan 27 1931  
**WAS THERE AN AUTOPSY?** no  
**WHAT TEST CONFIRMED DIAGNOSIS?** Phys. & Path  
(Signed) J. Roney, M. D.  
(Address) Carl Junction 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** Carl Junction Mo. **DATE OF BURIAL** Jan. 29 1931

**20. UNDERTAKER** W Roney **ADDRESS** Carl Jec. 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.

1901 61 61 1931

