

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

Do not use this space.

1. PLACE OF DEATH

County Osage
Township Lin
City Lin (No. _____)

Registration District No. 1135-
Primary Registration District No. 5-853 a

File No. 22285 a
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Delmer Jos Stanley
(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)
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.

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb 9 - 1931</u>		
7. AGE YEARS _____	MONTHS <u>4</u>	DAYS <u>18</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____		
10. Date deceased last worked at this occupation (month and year) _____		11. Total time (years) spent in this occupation _____
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Memphis, Tenn, Ark</u>		
13. NAME <u>Gilbert Stanley</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Phayer, Mo</u>		
15. MAIDEN NAME <u>Verla Cap</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Phayer, Mo</u>		
17. INFORMANT (ADDRESS) <u>Gilbert Stanley</u>		
18. BURIAL, CREMATION, OR REMOVAL <u>Bonmots Mill, Mo</u> DATE <u>June 18, 1931</u>		
19. UNDERTAKER (ADDRESS) _____		
20. FILED _____		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 27 - 1931

22. I HEREBY CERTIFY That I attended deceased from May 14, 1931, to June 26, 1931
I last saw him alive on May 4, 1931. Death is said to have occurred on the date stated above, at 4:30 p.m.
The principal cause of death and related causes of importance were as follows:
Infection (Stomach)
Date of onset _____

Other contributory causes of importance:
Infantile Convulsions

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?
If so, specify _____
(Signed) J. B. Cooper, M. D.
(Address) Lin, Mo.

22885-2 SEP 25 1931

This certificate is to be properly classified. Exact statement of OCCUPATION is very important.

