

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

Do not use this space.

19293

1. PLACE OF DEATH

41 County Harrison Registration District No. 239
 Township Trail Creek Primary Registration District No. 5475
 City (No.) St. Ward)

2. FULL NAME Louise Dorothy 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.

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 <u>George T. Stanley</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>12/19/1842</u>				
7. AGE	YEARS 89	MONTHS 5	DAYS 29	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House keeper			
	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>Virginia</u> 2				
FATHER	13. NAME <u>John Wise</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>not known</u> 31			
MOTHER	15. MAIDEN NAME <u>not known</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>not known</u>			
17. INFORMANT <u>Mary Leggitt</u> (ADDRESS)				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Cain Cnty.</u> DATE <u>6/20/1932</u>				
19. UNDERTAKER <u>J. N. Chambers</u> (ADDRESS)				
20. FILED <u>6/20</u> 19 <u>32</u> <u>Mrs. G. Sellers</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/18/1932 1932

22. I HEREBY CERTIFY, That I attended deceased from June 3rd, 1931, to June 18, 1932
 I last saw h. or alive on June 17, 1932 Death is said to have occurred on the date stated above, at 8:4 a.m.
 The principal cause of death and related causes of importance were as follows:
Chronic Interstitial Nephritis
 131 131
 Other contributory causes of importance: (1)

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? No
 If so, specify
 (Signed) G. Sellers, M. D.
 (Address) 1711 Moriah 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.

MAY 23 1932

