

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.

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

Do not use this space.

1. PLACE OF DEATH

County Jackson
Township Jackson
City Kansas City (No. Kansas City Gen Hosp)

Registration District No. 389
Primary Registration District No. 1003

File No. 39652

Registered No. 4650 (Ward)

2. FULL NAME Robert Stanley

(a) Residence, No. 7932 Inwood St. 8 Ward.

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 male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) unknown

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Don't know

7. AGE YEARS 66 MONTHS ✓ DAYS ✓ If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Don't know

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) Don't know 31

13. NAME Don't know

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

15. MAIDEN NAME Don't know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

17. INFORMANT (ADDRESS) Peace Clerk R.C.M.S.

18. BURIAL, CREMATION, OR REMOVAL PLACE Maple Hill DATE Dec-10-32

19. UNDERTAKER (ADDRESS) Funerary & John Co

20. FILED 12-9-32 M M Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-8, 1932

22. I HEREBY CERTIFY, That I attended deceased from 12-6, 1932, to 12-8, 1932

I last saw him alive on 12-8, 1932. Death is said to have occurred on the date stated above, at 6:32 a.m.

The principal cause of death and related causes of importance were as follows:

Acute Arterio Endocarditis Date of onset

92A 133A 92A

Other contributory causes of importance: Multiple Abscesses of Kidneys

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. H. Bennett M. D.

(Address) St. J. R. C. Gen. Hosp. R.C.M.S.

