N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should be 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 — Registration District No. 399 — File No. 9435
Township Law — Primary Registration District No. 1002 — Registered No. 1581
City K. C. Mo. (No. Gen. Hosp # 2 St. Ward)

2. FULL NAME Rudolph Stanley
(a) Residence, No. 511 West 12th St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
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 Male
4. COLOR OR RACE Colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF —
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3-6-1902
7. AGE YEARS 31 MONTHS 0 DAYS 1 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Presser
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) Dennison, Texas

FATHER
13. NAME Joe Stanley
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Texas

MOTHER
15. MAIDEN NAME Mamie Owens
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dennison, Texas

17. INFORMANT (ADDRESS) Record Clerk Gen. Hosp # 2
18. BURIAL, CREMATION, OR REMOVAL
PLACE Reeds Mo DATE 4-7-1933
19. UNDERTAKER (ADDRESS) H B Moore 1820 E 18th St
20. FILED Apr 6, 1933 M M Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-7-, 1933
22. I HEREBY CERTIFY, That I attended deceased from 2-14-, 1933, to 3-7-, 1933
I last saw him alive on 3-7-33, 19.... Death is said to have occurred on the date stated above, at 2:20 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Tabes Dorsalis	
~~Pelvic~~ T.B. Pulmonary	

Other contributory causes of importance: 80

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? No

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) [signature] M. D.
(Address) General Hospital #2