

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

Do not use this space.

Dr. Lemmon
26156

1. PLACE OF DEATH
 39 County Greene Registration District No. 318
 Township _____ Primary Registration District No. 2001
 3 City Springfield, Mo. (No. 915 Delaware)
 5
 2. FULL NAME Penaz S. Stanley St. _____ Ward _____
 (a) Residence, No. 915 S. Delaware 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.

File No. _____
 Registered No. 583
 St. _____ Ward _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
 4. COLOR OR RACE white
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Harriett A.
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 9 - 1849
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
83 9 3
 8. Trade, profession, or particular kind of work done, as Old Farmer
 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

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 12 - 1933
 22. I HEREBY CERTIFY, That I attended deceased from 8/11, 1933, to 8/12, 1933.
 I last saw him alive on 8/12, 1933. Death is said to have occurred on the date stated above, at 9 a. m.
 The principal cause of death and related causes of importance were as follows:
Unknown infection (probably septicemia)
(A hard chill & a high fever: dead in 24 hrs.: blood negative for malaria)
 Other contributory causes of importance:
Senility

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois
 13. NAME Richard Stanley
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
 15. MAIDEN NAME
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
 17. INFORMANT Clayton Stanley
 (ADDRESS) Springfield, Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Des Moines DATE Aug 13, 1933
 19. UNDERTAKER Alma Tompkins
 (ADDRESS) Springfield, Mo.
 20. FILED 8-11-33 1933 Kalper Registrar

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? yes
 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) E. B. Lemmon, M. D.
 (Address) SPRINGFIELD, 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.

SEP 26 1933

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