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.

AUG 29 1933

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

Do not use this space.

27092

1. PLACE OF DEATH
70 County Montgomery — Registration District No. 592 — File No.
5 Township — Primary Registration District No. 4250 — Registered No.
2 City Montgomery City (No. ..... St. ..... Ward)

2. FULL NAME Hattie Stanard
(a) Residence, No. Montgomery City Mo St. ..... Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 50 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: Negro
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 22-1852

7. AGE: YEARS 81 — MONTHS 5 — DAYS 13 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper
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) Lincoln County Mo

FATHER
13. NAME Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Lee Harris Montgomery City Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Montgomery City DATE 8/7/33, 19

19. UNDERTAKER (ADDRESS) F. Hadwell Montgomery City Mo

20. FILED 8-10, 1933 D. J. Bailey Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 5, 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept, 1928, to Aug. 5, 1933
I last saw her alive on Aug 4, 1933 Death is said to have occurred on the date stated above, at 2a m.
The principal cause of death and related causes of importance were as follows:

Mitral insufficiency with cardiac hypertrophy — Date of onset: Not known
92
95B
97
92A

Other contributory causes of importance: Arterio-sclerosis

Name of operation No — Date of
What test confirmed diagnosis? Phys. Ex. — 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) Buell Menefee, M. D.
(Address) Montgomery City, Mo