

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

Do not use this space.

29002

**1. PLACE OF DEATH**

County Carroll  
Township Trotter  
City (No. , , , )

Registration District No. 135-  
Primary Registration District No. 5192

File No. \_\_\_\_\_  
Registered No. 72  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME Minnie Jane 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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>F.</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF			
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 6, 1871</u>			
7. AGE	YEARS <u>62</u>	MONTHS <u>4</u>	DAYS <u>29</u>
			If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>None</u>		
	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>Indiana</u>			
MOTHER	13. NAME <u>Ezekiel Thomas</u>		
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Indiana</u>		
	15. MAIDEN NAME <u>Jane Eckman</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Indiana</u>			
17. INFORMANT <u>Scott Stanley</u> (ADDRESS) <u>Carrollton, Mo.</u>			
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Powell</u> DATE <u>Sept. 7, 1933</u>			
19. UNDERTAKER <u>Standley</u> (ADDRESS) <u>Carrollton, Mo.</u>			
20. FILED <u>9-7</u> , 19 <u>33</u> <u>Ms. E. P. Paulsen</u> Registrar.			

**(2) MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-6, 1933

22. I HEREBY CERTIFY, That I attended deceased from 9-6-1933 to 9-6-1933, 1933  
I last saw her alive on 9-6-1933, 1933 Death is said to have occurred on the date stated above, at 5 P. M.  
The principal cause of death and related causes of importance were as follows:  
Angina Pectoris Date of onset \_\_\_\_\_  
Hypertension 94  
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Other contributory causes of importance: \_\_\_\_\_

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ 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) William S. DeWood, M. D.  
(Address) Carrollton, 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.

OCT 20 1933

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