

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

Do not use this space.

444

1. PLACE OF DEATH

County Carroll Registration District No. 135
Township _____ Primary Registration District No. 3010
City Carrollton No. 406 West _____ St. _____ Ward _____

File No. _____
Registered No. 13
St. 4 Ward _____

2. FULL NAME

Joseph Stanley
(a) Residence No. 406 W 6th St. 404 Ward _____

Length of residence in city or town where death occurred 15 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 11-14-1840

7. AGE YEARS 93 MONTHS 1 DAYS 29 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
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 _____

MOTHER 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) North Carolina

FATHER 13. NAME Wiley Stanley

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) North Carolina

MOTHER 15. MAIDEN NAME Effie

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) North Carolina

17. INFORMANT (ADDRESS) Miss Viola Stanley
Carrollton Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Hill Cem DATE 1-16 1934

19. UNDERTAKER (ADDRESS) Willis Funeral Home
Carrollton Mo.

20. FILED 1-16 1934 Iruck Haskins Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-13-1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 4th 1934, to Jan 13th 1934
I last saw h. alive on Jan 11th 1934 Death is said to have occurred on the date stated above, at 5:30 p. m.
The principal cause of death and related causes of importance were as follows:

Shocks - slipping from work
Up stairs - bank -
injured spine
Date of onset Jan 4th

Other contributory causes of importance _____
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 1-4 1934
Where did injury occur? in his home
(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) Charles S. Auer, M. D.
(Address) Carrollton Mo.

WR PLAIN 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.

1934

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