EB 2 1934

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.

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

Do not use this space.

1239

File No. 212

Registered No.

1. PLACE OF DEATH

County Jackson — Registration District No. 398

Township Kaw — Primary Registration District No.

City K. C. (No. 515 Mo. Ave St. Ward)

2. FULL NAME Wm Stancliff

(a) Residence, No. 515 Mo. Ave St., Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M

4. COLOR OR RACE Wh

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 21-1861

7. AGE — YEARS 72 — MONTHS 11 — DAYS 20 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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) Iowa

FATHER

13. NAME David H. Stancliff

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

MOTHER

15. MAIDEN NAME Elizabeth Lowry

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Ella Kious 3418 Virginia

18. BURIAL, ~~CREMATION, OR REMOVAL~~ PLACE Greenlawn DATE 1/15 1934

19. UNDERTAKER (ADDRESS) Peter B. Lapetina K. C.

20. FILED Jan 15, 1933 M. M. Crowe Asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/11/34, 19

22. I HEREBY CERTIFY That I attended deceased from Cyrus Crowe, 19

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis

Acute pulmonary edema

Date of onset

Other contributory causes of importance

93

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 ..., 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?

If so, specify

(Signed) ..., M. D.

(Address)