

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

Do not use this space.

MAR 26 1935

5721

1. PLACE OF DEATH

County Carroll Registration District No. 408
 Township Madison Primary Registration District No. 3020
 City Carthage (No.) St. Ward)

2. FULL NAME

Lozen Stanley
 (a) Residence, No. 407 E. 5th St., Ward.
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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 Sarah Stanley

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 15, 1856

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
78 4 28

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dale County, Missouri

13. NAME Harrison Stanley

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Tennessee

15. MAIDEN NAME Undergriff

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

17. INFORMANT (ADDRESS) Ray Stanley, 624 North Carthage

18. BURIAL, CREMATION, OR REMOVAL PLACE Carthage City Cem. DATE Feb. 15, 1935

19. UNDERTAKER (ADDRESS) Wells Mortuary, Carthage, Missouri

20. FILED Feb. 15, 1935 R. B. Collier Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 12, 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov. 30, 1934 to Feb. 13, 1935

I last saw him alive on Feb. 11, 1935. Death is said to have occurred on the date stated above, at 9 P. m.

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

Chronic nephritis
Chronic myocarditis
 Date of onset unknown
Nov. 1934

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....., 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) R. B. Collier, M. D.
 (Address) Carthage, 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.

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WHILE PRINTING, WITH UNFOLDING INSTRUMENTS IS A PERMANENT RECORD

