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

SEP 25 1935

(Do not use this space.)

27335

1. PLACE OF DEATH
County Polk
Township S Green
City ..... (No. ..... St. ..... Ward)

Registration District No. 708
Primary Registration District No. 5937d

File No. .....
Registered No. 16

2. FULL NAME John Standley

(a) Residence, No. ..... St. ..... Ward. .....
(Usual place of abode) (If nonresident, give city or town and State)

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: 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 Standley

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 24 1846

7. AGE: YEARS 88 | MONTHS 1 | DAYS 24 | If LESS than 1 day, ..... hrs. or ..... min.

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

FATHER
13. NAME Thomas Standley
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn

MOTHER
15. MAIDEN NAME Sarah Amos
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn

17. INFORMANT (ADDRESS) Frank Standley

18. BURIAL, CREMATION, OR REMOVAL
PLACE Greenwood DATE Aug 19 1935

19. UNDERTAKER (ADDRESS) Hatcheson & Blue Bolivar, Mo.

20. FILED 8-29, 19 Mal Zumwalt Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 18, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1935, to Aug 18, 1935
I last saw him alive on Aug 17, 1935. Death is said to have occurred on the date stated above, at 6:15 m.
The principal cause of death and related causes of importance were as follows:

Cardiorenal [illegible]
Prostatic [illegible]

Date of onset

Other contributory causes of importance:
[illegible]

Name of operation None 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) J. F. Robert, M. D.
(Address) Bolivar, Mo.