

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.

35423

NOV 19 1935

17. PLACE OF DEATH
 County Carroll Registration District No. 138
 Township Northborne Primary Registration District No. 4078
 City Northborne (No. _____) St. _____ Ward _____

File No. _____
 Registered No. 93

2. FULL NAME Mary E. Standley
 (a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred 32 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 Female
 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 Albert Standley
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 10, 1859
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
75 10 20

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
 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) Oct. 29, 1935
 11. Total time (years) spent in this occupation 49

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Athens, Ohio

MOTHER FATHER
 13. NAME John B. Paul

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wadebridge, England

MOTHER
 15. MAIDEN NAME Harriette Silvers

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Morgan County, Ohio

17. INFORMANT (ADDRESS) Mrs. Goodson Wright, Newton Kansas

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Fairhaven DATE Nov. 2, 1935

19. UNDERTAKER (ADDRESS) W. J. Stroud, Northborne, Mo.

20. FILED Oct-30, 1935 B. C. Cole M. D.
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 2nd, 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct. 26th, 1935 to Oct. 29th, 1935.
 I last saw her alive on Nov. 2nd, 1935. Death is said to have occurred on the date stated above, at 12:20 P.M.
 The principal cause of death and related causes of importance were as follows:

Suppuration

Date of onset 9-19-35

Other contributory causes of importance:

(Large handwritten mark, possibly "W" or "B")

Name of operation _____ Date of _____
 What test confirmed diagnosis? Blind 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? No
 If so, specify _____

(Signed) B. C. Cole, M. D.
 (Address) Northborne, Mo.

