

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.

JAN 17 1936

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

Do not use this space.

40490

1. PLACE OF DEATH

County Oregon
Township Oak Grove
City Couch, Mo. (No. _____)

Registration District No. 632
Primary Registration District No. 5847

File No. _____
Registered No. 38
St. _____ Ward _____

2. FULL NAME

Milo Stanley
(a) Residence, No. Couch St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 15 yrs. 3 mos. ✓ ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds. (If nonresident, give city or town and State) Mo.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married Widower

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 14, 1859

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
76 6 17

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) Sept 1928 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pennsylvania

13. NAME Milo Stanley

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Rolla Stanley
(ADDRESS) Altamont, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Couch, Mo. DATE Jan 1, 1936

19. UNDERTAKER None
(ADDRESS)

20. FILED Jan 1, 1936 George Johnson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 21, 1936

I HEREBY CERTIFY, That I attended deceased from Nov 16, 1936, to Nov 21, 1936
I last saw him alive on Nov 16, 1936. Death is said

to have occurred on the date stated above, at 9:30 a.m.
The principal cause of death and related causes of importance were as follows:

Chronic Nephritis
Terminal Anemia
Date of onset Dec 25, 1935

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) C. W. Cooper, M. D.
(Address) Altamont, Mo.

