

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

Do not use this space.

APR 23 1936

10680

1. PLACE OF DEATH

County Jackson
Township Kaw
City Kansas City, Mo. (No. 4407 Terrace)

Registration District No. 399
Primary Registration District No. 1002

File No. _____
Registered No. 1548
St. _____ Ward 1548

2. FULL NAME Dorothy Dean Stanley

(a) Residence, No. 4407 Terrace St. _____ Ward. _____

(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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 24, 1933

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
2 6 17

8. Trade, profession, or particular kind of work done, as optician, sawyer, bookkeeper, etc. at Home

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) Kansas City, Mo

13. NAME Lawrence B. Stanley

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Topeka, Kansas

15. MAIDEN NAME Lola M. Holland

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

17. INFORMANT Lawrence B. Stanley
(ADDRESS) 4407 Terrace

18. BURIAL, CREMATION, OR REMOVAL
PLACE ma. moriah DATE March 13, 1936

19. UNDERTAKER R. V. Lindsey & Sons
(ADDRESS) 3811 Broadway

20. FILED Apr 12, 1936 M. M. Brown
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 11, 1936

22. I HEREBY CERTIFY, That I attended deceased from Mar. 10, 1936 to Mar. 11, 1936

I last saw her alive on March 10, 1936. Death is said to have occurred on the date stated above, at 7:10 A.M.

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

Lobar Pneumonia Date of onset Mar

Other contributory causes of importance: none

Name of operation _____ Date of _____
What test confirmed diagnosis? usual Was there an autopsy? no

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) Ward H. Leonard M. D.
(Address) 3232 Summit St

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.

Primer