

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 29 1936

Do not use this space.

1. PLACE OF DEATH
 County Jackson Registration District No. 399
 Township Jean Primary Registration District No. 1002
 City Washington (No. R. C. Gen. Hosp) St. 3752 Ward

2. FULL NAME Arthur A Stansbury
 (a) Residence, No. 3444 Prospect Ward.
 (Usual place of abode)
 Length of residence in city or town where death occurred yr 18 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

30953

File No. _____
 Registered No. _____
 St. 3752 Ward

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 12 '57</u>		
7. AGE YEARS <u>79</u>	MONTHS <u>0</u>	DAYS <u>11</u>
If LESS than 1 day, _____ hrs. or _____ min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Carpenter</u>	
	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) <u>Ind.</u>		
FATHER	13. NAME <u>Geo L Stansbury</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>md.</u>	
MOTHER	15. MAIDEN NAME <u>Mathilda Samuel</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ind.</u>	
17. INFANT (ADDRESS) <u>Resid 3444 Prospect</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Mr Washington</u> DATE <u>8/14/36</u> 19 <u>36</u>		
19. UNDERTAKER <u>Durk + Eden Co</u> (ADDRESS) <u>24 W. Denwood</u>		
20. FILED <u>8-14 1936</u> <u>M. M. Crowe</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-12 1936

22. I HEREBY CERTIFY, That I attended deceased from 7-20 1936 to 8-12 1936
 I last saw him alive on 7-12 1936 Death is said to have occurred on the date stated above, at 11:25 a.m.
 The principal cause of death and related causes of importance were as follows:
Carcinoma of left adrenal with metastases to opposite adrenal
 Date of onset _____

Other contributory causes of importance: 51

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 1936
 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. J. [Signature] M. D.
 (Address) R. C. Gen Hosp

