

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.

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

Do not use this space.

45286

JAN 19 1937

**1. PLACE OF DEATH**

County Franklin  
Township Beaumont  
City Edina (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

Registration District No. 441  
Primary Registration District No. 4259

File No. \_\_\_\_\_  
Registered No. 31

**2. FULL NAME** Mamie Anne Standley

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>F.</u>	4. COLOR OR RACE <u>Wh.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>George H. Standley</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb 14, 1863</u>		
7. AGE	YEARS	MONTHS
	<u>73</u>	<u>9</u>
		<u>10</u>
		<u>25</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>Housewife.</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) <u>Two years ago</u>	
11. Total time (years) spent in this occupation		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Salem Iowa, Ia. County</u>		
MOTHER	13. NAME <u>William Standley</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>	
	15. MAIDEN NAME <u>Rachel Lane</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>	
17. INFORMANT <u>Charles Standley</u> (ADDRESS) <u>Edina, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Stephens Cemetery</u> DATE <u>Dec. 9, 1936</u>		
19. UNDERTAKER <u>L. B. Kelley</u> (ADDRESS) <u>Edina, Mo.</u>		
20. FILED <u>Dec 9, 1936</u> <u>Mrs. C. M. Smith</u> Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 9, 1936

22. I HEREBY CERTIFY, that I attended deceased from June 2, 1935 to Dec. 9, 1936  
last saw her alive on Nov 5, 1936. Death is said to have occurred on the date stated above, at 12:30 a.m.  
The principal cause of death and related causes of importance were as follows:  
apoplexy

Date of onset \_\_\_\_\_

Other contributory causes of importance: 80%

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) W. H. McReynolds, M. D.  
(Address) Franklin City, Mo.

