

APR 21 1937

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

Do not use this space.

12470

1. PLACE OF DEATH
 County Runicalm Registration District No. 491
 Township 4 Primary Registration District No. 5055
 City Gray mo (No. _____) St. _____ Ward _____

2. FULL NAME Mike Nelson Stanley
 (a) Residence, No. _____, So. _____, Ward _____
 (Usual place of abode) (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 Male 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) Sept 20 - 1876

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
	<u>60</u>	<u>5</u>	<u>14</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Patient

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) Pike Co - mo.

MOTHER FATHER

13. NAME John Milton Stanley

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

15. MAIDEN NAME Pauline Knodel

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

17. INFORMANT Ida E. Stanley
(ADDRESS) Brushford - mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Calia Cemetery DATE Mar 5th 1937

19. UNDERTAKER Good Hope Co.
(ADDRESS) Calia mo

20. FILED Mar 4 1937 Mrs Pearl Muck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 4 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 22, 1937, to Mar 4, 1937

I last saw him alive on Mar 3, 1937. Death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:
Embolic of the Brain Date of onset _____

Other contributory causes of importance: Old age

Name of operation Patient County Prison
 What test confirmed diagnosis Physician 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 _____
 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 Embolic of Brain

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____

(Signed) E. L. Stiers M. D.
 (Address) Gray mo

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.

See sup 205 67 339100

