

REC'D MAR 15 1939

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

Do not use this space.

93. 1. PLACE OF DEATH
County St. Clair Registration District No. 1005
Township Day Primary Registration District No. 6009
City 354 (No. 1) St. _____ Ward _____

2. FULL NAME Louise Stanley
(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred yrs. 1 mos. _____ ds. _____ How long in U. S., if of foreign birth? yrs. _____ mos. _____ ds. _____
(If nonresident, give city or town and State)

File No. 7666
Registered No. _____

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Child

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2-13-1939

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-13 1939

22. I HEREBY CERTIFY, That I attended deceased from 2-13 1939, to 2-13 1939
I last saw him alive on 2-13 1939. Death is said to have occurred on the date stated above, at 7 P. m.
The principal cause of death and related causes of importance were as follows:

OCCUPATION

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

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 _____

Date of onset _____

Premature 104

Other contributory causes of importance: _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Osceola Mo.

MOTHER FATHER

13. NAME Tom Stanley

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

15. MAIDEN NAME Opal Porter

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

17. INFORMANT (ADDRESS) Mrs. Tom Stanley
Osceola Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Osceola Cem DATE 2-14 1939

19. UNDERTAKER (ADDRESS) St. Paul
Osceola

20. FILED Feb 14 1938 Mattie J Davis
Registrar. 996 (Address) Osceola, Mo.

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death 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) Robert W. Davis 3 M.D.
996 (Address) Osceola, Mo.

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.

RECEIVED
District Health Officer No. 7^a
District File Number 7-39-457
Date Filed 3-14-39