FILED MAY 13 1940

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

Do not use this space.

15546

1. PLACE OF DEATH
County Montgomery Registration District No. 595
Township Primary Registration District No. 4353
City Wellsville (No. 31 , St. Ward)

File No. 4
Registered No. 4

2. FULL NAME Milton Benjamin Stank.
(a) Residence, No. Wellsville St. 2nd Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 22 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): married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec-10-1859

7. AGE: Years 80 Months 4 Days 29 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired
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) Montgomery Co Mo

FATHER
13. NAME William Stank
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER
15. MAIDEN NAME Mary Tinsley
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pike Co Mo

17. INFORMANT Kelly Stank Thompson
(ADDRESS) 451 Chester Brooklyn

18. BURIAL, CREMATION, OR REMOVAL
PLACE Wellsville Mo DATE April 11 1940

19. UNDERTAKER Fitzhugh
(ADDRESS) Wellsville Mo

20. FILED April 11 1940 Miss Mike McDermott
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 9 1940

22. I HEREBY CERTIFY, That I attended deceased from March 27, 1940 to April 9, 1940
I last saw h. alive on April 9, 1940 Death is said to have occurred on the date stated above, at 9P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis and Myocardial Degeneration	?
42C	
Other contributory causes of importance: Arterio-Sclerosis	?

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) J. Mitchell, M. D.
(Address) Wellsville Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very imp