

DEC 18 1940

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

Do not use this space.

38787

1. PLACE OF DEATH

County Harrison
Township Grant
City _____ (No. _____)

Registration District No. 341
Primary Registration District No. 5477

File No. _____
Registered No. 16
St. _____ Ward _____

2. FULL NAME

Francis Odel Stanley

(a) Residence, No. _____ St. _____ 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 <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Jane Sweet</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 31, 1877</u>		
7. AGE	YEARS <u>69</u>	MONTHS <u>7</u>
	DAYS <u>28</u>	IF LESS THAN 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc. <u>Farmer</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Stock + grain</u>	
	10. Date deceased last worked at this occupation (month and year) <u>Sept. 1940</u>	
	11. Total time (years) spent in this occupation <u>50</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ridgeway Mo</u>		
FATHER	13. NAME <u>Joseph C Stanley</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unk Mo</u>	
MOTHER	15. MAIDEN NAME <u>Sophia Redinger</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unk Mo</u>	
17. INFORMANT (ADDRESS) <u>Mrs. Frank Stanley Ridgeway Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Ridgeway Mo</u> DATE <u>October 1940</u>		
19. UNDERTAKER (ADDRESS) <u>Ridgeway Mo</u>		
20. FILED <u>12-11-1940</u> <u>Lois Brewer</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) September 29, 1940

22. I HEREBY CERTIFY, That I attended deceased from April 6th, 1940, to Sept 29, 1940
I last saw him alive on Sept 29, 1940 Death is said to have occurred on the date stated above, at 1:00 am
The principal cause of death and related causes of importance were as follows:
Carcinoma of Liver
+ Organ's Heart- Leakage of valves
Date of onset Jan 1st 1940

Other contributory causes of importance:
followed by pleurisy in effusional stage

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) R. H. Peete, M.D.
(Address) Ridgeway 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.

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