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

Do not use this space.

1928
23845
26

1. PLACE OF DEATH
County Jackson
Township Kaw
City Ke Mo
Registration District No.
Primary Registration District No.
(No. 498 N. Montgall St. Ward)
File No.
Registered No.

2. FULL NAME Miss Emma A. Stock
(a) Residence. No. 498 N Montgall St., 9 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 F
4. COLOR OR RACE W.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Sing
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF no
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar- 10. 1902
7. AGE Years 26, Months 4 Days no If LESS than 1 day, ___ hrs. or ___ min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Bucket Bailer
(b) General nature of industry, business, or establishment in which employed (or employer) Cin. Ly.
(c) Name of employer
9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

PARENTS
10. NAME OF FATHER Herman Stock
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Mo.
12. MAIDEN NAME OF MOTHER Augustus, Eichhorst
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Ger

14. INFORMANT Augustus Deatherage
(Address) 498 N. Montgall
15. FILED 7/10, 1928 M M. Crowe Assr REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 10 1928
17. I HEREBY CERTIFY, That I attended deceased from 7/8/28 10 PM, 19__, to 7/10/28 26 M, 19__ that I last saw her alive on 7/10/28, 1928, and that death occurred, on the date stated above, at 2 45/P m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Broncha Pneumonia
(duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Rubeola (?)
(duration) yrs. mos. ds.
18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? 498 N. Montgall
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) Dr Frank E Hird, M. D
7/10, 1928 (Address) 708 Garfield Cl 1740

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Wooldridge Mo
DATE OF BURIAL 7-10 1928
20. UNDERTAKER C P. Doehler
ADDRESS City

MISSOURI STATE BOARD OF HEALTH
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CERTIFICATE OF DEATH

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH.

County..... Registration District No. 399 File No. 2

Township K. City Primary Registration District No. 1002 Registered No. 2971

City..... (No. ....., ... St. ..... Ward)

2. FULL NAME Mrs Emma A. Stock

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

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

Did "Rubeola" signify measles or not? Kindly state. (yes)

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 10 1928

17.

I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ....., 19..... that I last saw h..... alive on ....., 19....., and that death occurred, on the date stated above, at ..... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Bronchial Pneumonia

(duration) ..... yrs. ..... mos. ..... ds.

Rubeola

(duration) ..... yrs. ..... mos. ..... ds.

AS DISEASE CONTRACTED

AT PLACE OF DEATH? .....

PERATION PRECEDE DEATH? ..... DATE OF .....

RE AN AUTOPSY? .....

ST CONFIRMED DIAGNOSIS? .....

gned) ....., M. D

, 19 (Address)

the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or

INFORMANT .....
(Address)

OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL
19

15. FILED 7/10 19 28 M. M. Crewell
REGISTRAR

20. UNDERTAKER

ADDRESS

REGISTRAR: REMIT FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

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