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

Do not use this space.

30114

1. PLACE OF DEATH
County Dent — Registration District No. 266 — File No.
Township Spring Creek — Primary Registration District No. 5370 — Registered No. 2
City (No. St. Ward)

2. FULL NAME Henry Stockwell
(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: 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~~ Stockwell

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 25 1843

7. AGE: Years 84 — Months 8 — Days 20 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Retired
(b) General nature of industry, business, or establishment in which employed (or employer) Insurance & County Farm
(c) Name of employer

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

PARENTS
10. NAME OF FATHER D. K.
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) D/K
12. MAIDEN NAME OF MOTHER D/K
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) D/K

14. INFORMANT F. J. Burns (Address)

15. FILED Sep 15 1928 D. J. McMurtry REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sep 15 1928

17. I HEREBY CERTIFY, That I attended deceased from Dec ~~1927~~, 1928, to Sep 15, 1928, that I last saw him alive on Sep 15, 1928, and that death occurred, on the date stated above, at 6 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Angina Pectoris

(duration) 1 yrs. 2 mos. 13 ds.

CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) W. G. Dixon, M. D
, 19 (Address) Jas C. Welch Co. Health Officer

*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. Salem Mo

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Cedar Grove Cem — DATE OF BURIAL: Sep 15 1928

20. UNDERTAKER: M. D. Hobson — ADDRESS: Salem, 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.