NOV 2 1928

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

Do not use this space.

33209

1. PLACE OF DEATH

County Dunklin — Registration District No. 289 — File No.

Township Cotton Hill — Primary Registration District No. 4173 — Registered No. 53

City Malden (No. ..... St. ..... Ward)

2. FULL NAME Thomas Chalmers Stokes

(a) Residence. No. Beckwith St., ... Ward. (Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 34 yrs. 1 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 Virginia M. Stokes

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug. 9th 1847

7. AGE: Years 81 — Months 1 — Days 28 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired Merchant

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Cape Girardeau (STATE OR COUNTRY) Missouri

PARENTS

10. NAME OF FATHER John H. Stokes

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Cork (STATE OR COUNTRY) Ireland

12. MAIDEN NAME OF MOTHER Lucretia Childs

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Massachusetts

14. INFORMANT Van H. Stokes (Address) Malden, Mo

15. FILED 10/8 1928 S E Mitchell REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct. 6 1928

17. I HEREBY CERTIFY, That I attended deceased from June 22, 1923, to Oct 6, 1928, that I last saw him alive on Oct 6, 1928, and that death occurred, on the date stated above, at 7 10 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Cirrhosis of the Liver

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(duration) 4 yrs. ..... mos. ..... 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) George Dalton, M.D

10-8, 1928 (Address) 209 Beckwith

*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: Malden Mo — DATE OF BURIAL: 10-8 1928

20. UNDERTAKER: W. L. Craig — ADDRESS: Malden

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD