NOV 21 1928

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

Do not use this space.

33247

1. PLACE OF DEATH
County: Gasconade
Township: Roark
City: ..... (No. ..... St. ..... Ward)

Registration District No. 303
Primary Registration District No. 5420

File No. .....
Registered No. 38

2. FULL NAME: Leo Lafe 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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Sept-7-1900

7. AGE: Years 28 | Months 1 | Days 2 | If LESS than 1 day, ... hrs. or ✓ min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: River Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): River Construction
(c) Name of employer: US Government

9. BIRTHPLACE (CITY OR TOWN): Aud.
(STATE OR COUNTRY): Mo.

PARENTS
10. NAME OF FATHER: Ernest Stock
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Stope
(STATE OR COUNTRY): Mo
12. MAIDEN NAME OF MOTHER: Kate Corder
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Aud
(STATE OR COUNTRY): Mo

14. INFORMANT: Ernest Stock
(Address): Aud, Mo

15. FILED 10-12, 1928 Anna K. Riekhoff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Oct. 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:
Verdict of Jury of Inquest
Accidentally hit by train
(duration) ..... 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) C. A. O'Pick, M. D
, 19 (Address) Act. Coroner

*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: Aud, Mo
DATE OF BURIAL: Oct. 12 1928

20. UNDERTAKER: Herman Dlumer
ADDRESS: Hermann 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.

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

MARGIN RESERVED FOR BINDING

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH
County Gasconade — Registration District No. 303 — File No.
Township Quark — Primary Registration District No. 5420 — Registered No. 38
City (No. , St. Ward)

2. FULL NAME Leo Lofe Stock
(a) Residence. No. St., Ward. (If nonresident give city or town and State)
(Usual place of abode)
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)
M	W	S

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.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 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:
Verdict of jury of inquest accidentally hit by train

(duration) yrs. mos. ds.

(duration) yrs. mos. ds.

CONTRACTED
DEATH?
CEDE DEATH? DATE OF
SY?
D DIAGNOSIS?
, M. D
dress)

CAUSING DEATH, or in deaths from VIOLENT CAUSES, state
E OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or

here was no automobile involved-
iction tried to cross railroad
rock in the rear of one train
right into the path of another
coming in the opposite
direction - some distance
east of the rail road station
in Hermann, Gasconade Co, Mo

Anna K. Rickhoff
Registrar

CREMATION, OR REMOVAL	DATE OF BURIAL
	19

15. X FILED 12-10 1928 Anna K. Rickhoff REGISTRAR

20. UNDERTAKER — ADDRESS

TARY

1880

V. S. No. 2. ... RITE PLAINLY, W... NG ...—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUS... ...sified. Exact statement of OCCUPATION is very important.

REGIS... UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

S-33247