JAN 25 1929

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

Do not use this space.

41881

1. PLACE OF DEATH
County Newton — Registration District No. 414 — File No.
Township Granby — Primary Registration District No. 4814 — Registered No.
City (No. St. Ward)

2. FULL NAME Lamamay Stockton
(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: female
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) Dec. 23 - 1927

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ... min.
1	11	27	

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

9. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY) Newton Co. Mo.

PARENTS
10. NAME OF FATHER William H. Stockton
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Newton Co. Mo.
12. MAIDEN NAME OF MOTHER Elizabeth Loving
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Ark.

14. INFORMANT Wm H. Stockton
(Address) Granby Mo

15. FILED 12-29-1928 M. F. Rolens REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 19 1928

17. I HEREBY CERTIFY, That I attended deceased from Dec. 17, 1928, to Dec. 19, 1928 that I last saw her alive on Dec. 19, 1928, and that death occurred, on the date stated above, at 9-10 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Entrocholitis
[illegible] (duration) yrs. mos. 5 ds.

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

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? No. DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? non
(Signed) R. T. Cheatham, M. D
12-20-, 1928 (Address) Diamond Mo

*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: Granby Mo
DATE OF BURIAL: 12/20 1928

20. UNDERTAKER: Jas Neetman
ADDRESS: Granby

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.