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.

1929

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

Do not use this space.

9355

1. PLACE OF DEATH

County ADAIR — Registration District No. 4 — File No.

Township Wilson — Primary Registration District No. — Registered No. 42

City — (No. — St. — Ward)

2. FULL NAME SHERMAN STUKEY,

(a) Residence. No. NEAR MILLARD MO 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)
MALE	WHITE	MARRIED

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) JUNE 15th 1864

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64	8	20	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work farmer
(b) General nature of industry, business, or establishment in which employed (or employer) stock 7 grain
(c) Name of employer SELF

9. BIRTHPLACE (CITY OR TOWN) ADAIR CO
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER ABEL STUKEY

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

12. MAIDEN NAME OF MOTHER MENDANA CUNNINGHAM

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

14. INFORMANT Mamie Crosby
(Address) MILLARD MO

15. FILED 3/7 1929 C. H. Becker
McDuff Deputy REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 5 1929

17. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1927, to Mar 5, 1929, that I last saw him alive on Mar 4, 1929, and that death occurred, on the date stated above, at 1 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
apoplexy — cerebral
(duration) yrs. mos. 2 ds.

CONTRIBUTORY (SECONDARY) arterio sclerosis
(duration) 6 yrs. — mos. — ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? his

DID AN OPERATION PRECEDE DEATH? no DATE OF —

WAS THERE AN AUTOPSY? —

WHAT TEST CONFIRMED DIAGNOSIS? —

(Signed) John F. Dodson, M. D
19 (Address) Kirksville 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 STUKEY CEMETERY — DATE OF BURIAL 3/5 1929

20. UNDERTAKER Davis & Wilson — ADDRESS Kirksville Mo

5	16	20	4
1929	1944	1960	1961

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: Adair — Registration District No.: 3 — File No.: 9355

Township: Wilson — Primary Registration District No.: 3-004 — Registered No.:

City: ..... (No. ..... St. ..... Ward)

2. FULL NAME Sherman Stukey

(a) Residence. No. Near Millard St. No. 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	M

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 15-1864

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	64	8	20	

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY): Adair Co.

PARENTS
10. NAME OF FATHER: Abel Stukey
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTY): Ohio
12. MAIDEN NAME OF MOTHER: Mary Ann Cunningham
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTY): Tenn

14. INFORMANT: Mamie Crosby
(Address): Millard Mo

15. FILED May 20 1929 McDuff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 5 1929

17. I HEREBY CERTIFY, That I attended deceased from Mar 1 1929 to Mar 5 1929, that I last saw him alive on Mar 4 1929, and that death occurred, on the date stated above, at 1 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Apoplexy – Cerebral
(duration) – yrs. – mos. 2 ds.

CONTRIBUTORY (SECONDARY) Arteria sclerosis
(duration) 6 yrs. – mos. – ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? his
DID AN OPERATION PRECEDE DEATH? No. DATE OF –
WAS THERE AN AUTOPSY? –
WHAT TEST CONFIRMED DIAGNOSIS? –
(Signed) John F Dodson, M. D
, 19 (Address) Kirksville 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: Stukey Cemetery — DATE OF BURIAL: 3/5 1929

20. UNDERTAKER: Davis & Wilson — ADDRESS: Kirksville, Mo

SUPPLEMENTARY

IF DEATH in plain terms, so that ... may be properly classified. AGE should be stated EXACTLY. ... SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

S-9355