

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

APR 24 1929

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

Do not use this space.

10225

1. PLACE OF DEATH

County Pentry  
Township Albany  
City Albany (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

Registration District No. 309  
Primary Registration District No. 4155

File No. \_\_\_\_\_  
Registered No. 16

2. FULL NAME Thomas A. Stockman

(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

Nancy J. Stockman

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

July 27 - 1844

7. AGE

YEARS

MONTHS

DS

If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

84

5

8

8. OCCUPATION OF DECEASED

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

None

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Ind.

10. NAME OF FATHER

James Stockman

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Not known

12. MAIDEN NAME OF MOTHER

Not known

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Not known

14. INFORMANT

(Address)

E. M. Stockman  
Kansas City Mo.

15. FILED

May 12 29  
W. T. Moberly

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 11 1929

17. I HEREBY CERTIFY, That I attended deceased from 3-1-1928 to 3-11-1929, that I last saw him alive on 3-10-1929, and that death occurred, on the date stated above, at 1.05 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Myocarditis  
131  
99C  
(duration) 2 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Chronic nephritis

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF BIRTH

DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Frank H. Rose, M. D.

3-11-1929 (Address) Albany, 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

DATE OF BURIAL

Stansbury  
Mar. 12 1929

20. UNDERTAKER

ADDRESS

A. J. Bare  
Albany

