

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

Do not use this space.

1. PLACE OF DEATH

County Buchanan
 Townshp.....
 City St. Joseph (No. Missouri Methodist Hospital)

85

Registration District No.....
 Primary Registration District No. 1001

File No. 27023
 Registered No. 982
 St. Ward)

2. FULL NAME John M. Stokes

(a) Residence. No. St. Ward. Redding Iowa
 (Usual place of abode)
 Length of residence in city or town where death occurred yrs. mos. 5 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 Sarah K Stokes

6. DATE OF BIRTH (MONTH, DAY AND YEAR) November 18, 1863

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
65 9 0

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

9. BIRTHPLACE (CITY OR TOWN) Unknown
 (STATE OR COUNTRY) Penn.

10. NAME OF FATHER John M Stokes

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

12. MAIDEN NAME OF MOTHER Fannie Musselman

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

14. INFORMANT Kendrick Stoke
 Address Detroit, Michigan

15. FILED 19 1929
John J. W. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) August 18 1929

17. I HEREBY CERTIFY, That I attended deceased from Aug 17 1929, to Aug 18 1929 that I last saw him alive on Aug 17 1929, and that death occurred, on the date stated above, at 9-30 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Basilar fracture skull - Deceased
fracture Rt. Sub. Max. Jaw & Mand.
Bones - Subdural Hemorrhage
Accident occurred in Redding Iowa
fall from stairs in kitchen
 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 Findings at autopsy
 (Signed) W. J. Johnson M. D. 14
Aug. 19. 19 29 (Address) St Joseph 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 Dixon Mo. DATE OF BURIAL Aug. 22 19 29

20. UNDERTAKER H. C. Sidwinder ADDRESS 1802 Union St.

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

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.

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11
 1929

