

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

Do not use this space.

8318

1. PLACE OF DEATH

County Lascomade
Township Tourbois
City _____ (No. _____)

Registration District No. 308
Primary Registration District No. 5426

File No. 2
Registered No. 2
St. _____ Ward _____

2. FULL NAME

John Stockton

(a) Residence No. _____ St. _____ Ward _____
(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. (If nonresident, give city or town and State)

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 Stockton

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 24, 1847

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
83 2 1

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

9. BIRTHPLACE (CITY OR TOWN) Groves Dale
(STATE OR COUNTRY) mo.

10. NAME OF FATHER Joseph Stockton

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

12. MAIDEN NAME OF MOTHER Susan Embold

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

14. INFORMANT Albert Stockton
(Address) Belle mo.

15. FILED 3/26 19. 30 M. E. Spurgeon
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 25 - 1930

17. I HEREBY CERTIFY, That I attended deceased from Feb 29, 1930 to Mar 25, 1930.
that I last saw him alive on Mar 25, 1930, and that death occurred, on the date stated above, at 6:30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Mitral & Pulmonary Regurgitation

CONTRIBUTORY Arterial Sclerosis
(SECONDARY) (duration) 2 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED HOME
IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? No DATE OF _____

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) M. E. Spurgeon, M. D.

Mar 26 1930 (Address) Ted Bird 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 Groves Dale Cemetery DATE OF BURIAL Mar 27 1930

20. UNDERTAKER Chas Haight ADDRESS Talanda 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.

THIS IS A PERMANENT RECORD

APR 28 1930

