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

Do not use this space.

19048

1. PLACE OF DEATH
County Dunklin
Township Holcomb
City ..... (No. ....., ... St. ..... Ward)

Registration District No. 284
Primary Registration District No. 5404

File No. .....
Registered No. .....

2. FULL NAME Nora McCarley Stockton

(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: F

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: A.A. Stockton

6. DATE OF BIRTH (MONTH, DAY AND YEAR): May 21 1887

7. AGE: Years 43 | Months — | Days 20 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: At home
(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): Kennett, Mo

PARENTS

10. NAME OF FATHER: Robert J. McCarley

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Birmingham Alabama

12. MAIDEN NAME OF MOTHER: Martha Waddle McCarley

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Birmingham Ala

14. INFORMANT: A.A. Stockton
(Address): R.1 - Holcomb, Mo

15. FILED 7-7, 1930 J. A. Anderson REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 6/11 1930

17. I HEREBY CERTIFY, That I attended deceased from June 1 1930, 19..., to June 6 1930 that I last saw her alive on June 5 1930 and that death occurred, on the date stated above, at 11-10 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Uremia Toxemia (Pregnancy)

..... (duration) ..... yrs. 2 mos. ..... ds.

CONTRIBUTORY (SECONDARY): Epilepsy Grand mal

..... (duration) 35 yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED: .....
IF NOT AT PLACE OF DEATH: .....
DID AN OPERATION PRECEDE DEATH? ..... DATE OF: .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) Clay C. Crowell, M. D.
(Address) Kennett Mo

6-12 1930

*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: Schumate — DATE OF BURIAL: 6/12 1930

20. UNDERTAKER: Baldwin Hard. Co — ADDRESS: Kennett, Mo

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