

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

Do not use this space.  
35773

1. PLACE OF DEATH

County Dunklin  
Township Independence  
City Kennett

Registration District No. 288  
Primary Registration District No. 4172

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Mrs Alma Stokes Ely

(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 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 J.R.R. Ely

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug-18-1872

7. AGE YEARS MONTHS DAYS IT LESS than 1 day, hrs. or min.  
58 2 27

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) Clarkton, Mo.  
(STATE OR COUNTRY)

10. NAME OF FATHER Thos. P. Stokes

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

12. MAIDEN NAME OF MOTHER Burnie Rayburn

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

14. INFORMANT J.R.R. Ely  
(Address) Kennett, Mo

15. FILED 11/20/30 Thulius Davis  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov-14 1930

17. I HEREBY CERTIFY, That I attended deceased from Nov. 4, 1930, to Nov 14, 1930 that I last saw her alive on Nov. 14, 1930 and that death occurred, on the date stated above, at 8:45 P. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Labor Pneumonia

108 / 1000 (duration) yrs. mos. ds.  
CONTRIBUTORY (SECONDARY) 1000 (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 none

(Signed) Paul Johnson M. D.

, 19 (Address) Kennett 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 Park's Cem. Malden Mo DATE OF BURIAL Nov-16-30

20. UNDERTAKER Baldwin Und. Co. ADDRESS Kennett, Mo

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.

REC 22 1930

1950-1951

1952-1953

1954-1955

1956-1957