

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

Do not use this space.

39481

1. PLACE OF DEATH

County Jackson Registration District No. _____
Township Raw Primary Registration District No. _____
City Kansas City (No. 2316 Oakley)

File No. _____
Registered No. 5152
St. _____ Ward _____

2. FULL NAME

Mrs. Hadie P. Stockbridge
(a) Residence No. 1916 Kansas St. 11 Ward _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 38 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Widowed</u>
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5A. IF MARRIED, WIDOWED, OR DIVORCED
~~MARRIED~~ OF (OR) WIFE OF John M. Stockbridge

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 26, 1861

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ... min.
	<u>69</u>	<u>5</u>	<u>20</u>	

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) Texas

PARENTS

10. NAME OF FATHER Hayden Stockton

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

12. MAIDEN NAME OF MOTHER Enneline Broyles

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

14.

INFORMANT Mrs. Jason Barrow
(Address) 2316 Oakley

15.

FILED 17/16, 19 30 M. M. Crowe
REGISTRAR
Asst

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) December 16 1930

17. I HEREBY CERTIFY, That I attended deceased from 9, 10 1930 to 12, 16, 1930
that I last saw her alive on 12, 14, 1930, and that death occurred, on the date stated above, at 10 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral Hemorrhage
(2 H) (duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY)

7401 (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRAINED

IF NOT AT PLACE OF DEATH

Did an operation precede death? DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) R. R. Hall, M.D.
716, 1930 (Address) 626 LaShoop

*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

Mt. Washington Dec. 18 1930

20. UNDERTAKER

ADDRESS

W. H. Newcomer's Sons 2111 E. 9th 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.

Mr. James R. Hall
626 Folsom St
1-4