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

Do not use this space.

5894

1. PLACE OF DEATH
County Jackson — Registration District No. — File No. 988
Township Kaw — Primary Registration District No. — Registered No.
City Kansas City (No. Bellerive Hotel 214 E Armour St. Ward)

2. FULL NAME William Lyman Stocking
(a) Residence. No. Bellerive Hotel St., 5 Ward. (If nonresident give city or town and State)
(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.

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 Mrs. Grace Stocking

6. DATE OF BIRTH (MONTH, DAY AND YEAR) November 12, 1855

7. AGE: Years 75 — Months 3 — Days 14 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Attorney 2 6
(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) Illinois 2

PARENTS
10. NAME OF FATHER John Lyman Stocking
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Not known 31
12. MAIDEN NAME OF MOTHER Ophelia Lawrence
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Not known

14. INFORMANT John Edward Stocking
(Address) Bellerive Hotel

15. FILED 2/28, 1931 M. M. Crowell asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feby. 26 1931

17. I HEREBY CERTIFY, That I attended deceased from Dec. 19, 1930, to Feb. 26, 1931 that I last saw him alive on Feb. 25, 1931, and that death occurred, on the date stated above, at 6:15 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Heart block, aortic stenosis + regurgitation
(duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Arteriosclerosis
(duration) 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) P. Bohan, M. D
2/27, 1931 (Address) Mil Arts Bldg K C 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~~ Mt. Washington Cem — DATE OF BURIAL 2-28 1931

20. UNDERTAKER Stine + McClure — ADDRESS 3235 Gillham Plaza

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.

Medical Arts Bldg.