

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

Do not use this space.

9331-1

1. PLACE OF DEATH

County Dallas
Township Miller
City (No.)

Registration District No. 246
Primary Registration District No. 5340

File No.
Registered No. 7

2. FULL NAME

Martha Ann Stoker

(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 M 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Silas Lafayette Stokes

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 1st 1845

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>85</u>	<u>5</u>	<u>26</u>	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work. House wife
(b) General nature of industry, business, or establishment in which employed (or employer) 235
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) near Humanville
(STATE OR COUNTRY) The Missouri

10. NAME OF FATHER Thomas Norman

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Tennessee
(STATE OR COUNTRY) Don't know

12. MAIDEN NAME OF MOTHER Virginia Clay

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Virginia
(STATE OR COUNTRY) Don't know

14. INFORMANT Daisel White
(Address) Branch Mo.

15. FILED 5-30 1931 John S. Monton
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 27th 1931

17. I HEREBY CERTIFY, That I attended deceased from March 11th 1931 to March 27th 1931, and that I last saw her alive on March 11th 1931, and that death occurred, on the date stated above, at 12:25 P. m.

THE CAUSE OF DEATH WAS AS FOLLOWS:
Catarhal Pneumonia

107A
(duration) yrs. mos. 21 ds.

CONTRIBUTORY (SECONDARY) 107B
(duration) yrs. mos. ds.

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

19. DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) J. J. Myers M. D.
Mar 11th 1931 (Address) Macks Creek 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 Hopewell Cemetery DATE OF BURIAL 3/28/ 1931

20. UNDERTAKER J. O. Tuelser ADDRESS Truce, 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.

9331-1 JUN 25 1931

PERMAMENT RECORD

