

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.

MAY 21 1931

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

Do not use this space.

13326

1. PLACE OF DEATH
 12 County Butler Registration District No. 89
 2 Township Poplar Bluff Primary Registration District No. 3007
 7 City Poplar Bluff (No. _____, St. _____ Ward _____)

2. FULL NAME Dorothy Stocker
 (a) Residence, No. Neelyville, Mo. St. _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Single

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 28, 1926
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
4 8 12

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Neelyville /
 (STATE OR COUNTRY) Missouri

FATHER 13. NAME B. A. Stocker

14. BIRTHPLACE (CITY OR TOWN) St. Louis
 (STATE OR COUNTRY) Missouri

MOTHER 15. MAIDEN NAME Nellie Porter

16. BIRTHPLACE (CITY OR TOWN) Norris City 2
 (STATE OR COUNTRY) Illinois

17. INFORMANT Bill Stocker
 (ADDRESS) Neelyville, Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Cemetery DATE _____ 19

19. UNDERTAKER Greer Undertaking Co.
 (ADDRESS) Poplar Bluff, Mo.

20. FILED April 31 1931 By Clark
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 10, 1931

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____
 I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above, at 8:30 A.M.

The principal cause of death and related causes of importance were as follows:

Struck by passenger train at grade crossing while riding in automobile (Missouri Pacific grade crossing 2 miles north of Neelyville, Mo.)
 Date of onset _____
 Other contributory causes of importance:

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? accident Date of injury 4/10, 1931
 Where did injury occur? Grade crossing 2 mi. N. Neelyville
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury public place
 Nature of injury fracture of frontal bone

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify _____
 (Signed) Edward Cecil Croner, M. D.
 (Address) Poplar Bluff, Mo.

