

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

Do not use this space.

33678

1. PLACE OF DEATH

County.....Buchanan..... Registration District No.....
Township..... Primary Registration District No. 1001
City.....St. Joseph..... (No. 2213 Lafayette..... St. Ward)

File No.....
Registered No. 1073
St. Ward)

2. FULL NAME Frank K Stock

(a) Residence, No. 2213 Lafayette St. Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 47 yrs. mos. ds. How long in U. S., if of foreign birth? 47 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Barbara Stock</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>November 15, 1858</u>		
7. AGE	YEARS	MONTHS
	<u>72</u>	<u>11</u>
		DAYS
		<u>4</u>
	If LESS than 1 day, hrs. or min.	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Baker</u>
	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) Bavaria
(STATE OR COUNTRY) Germany

FATHER 13. NAME Donicious Stock

14. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Germany

MOTHER 15. MAIDEN NAME Monica Heit

16. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Germany

17. INFORMANT Mrs. Barbara Stock
(ADDRESS) 2213 Lafayette St. - St. Joseph Mo.

18. BURIAL, CREMATION, OR REMOVAL Mt. Olivet Cemetery
PLACE St. Joseph Mo. DATE Oct. 21 1931

19. UNDERTAKER H. C. Sidenbacher
(ADDRESS) 1802 Union st. - St. Joseph Mo.

20. FILED OCT 21 1931 J. M. R. Kendra
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 19 1931

22. I HEREBY CERTIFY That I attended deceased from Oct. 17 1931 to Oct. 19 1931.
I last saw him alive on Oct. 17 1931. Death is said to have occurred on the date stated above, at 10:20A.
The principal cause of death and related causes of importance were as follows:

Pneumo-pneum. Date of onset 5 days
930
Other contributory causes of importance: Chr. Myocarditis.
936
107K

Name of operation No Clin Date of
What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) Frank D. Steger M. D.
Karpolnik Blm.
(Address)

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.

NOV 23 1931

WHILE PLACED IN THE HANDS OF THE DEPARTMENT RECORD

