

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

Do not use this space.

18593

1. PLACE OF DEATH
 4 County Madison Registration District No. 26
 4 Township Taberner Primary Registration District No. 3002
 7 City Mexico (No. _____) St. _____ Ward _____

2. FULL NAME Beckley S. Storkley
 (a) Residence. No. Mexico Mo. St., 3 Ward. 1
 (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.

File No. _____
 Registered No. 68
 St. _____ Ward _____

JUL 21 1932

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 Beckley S. Storkley (OR WIFE OF _____)

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 4 - 1871

7. AGE	YEARS	MONTHS	DAY	If LESS than 1 day, _____ hrs. or _____ min.
	<u>60</u>	<u>7</u>	<u>7</u>	

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Carpenter 29
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Mt. Sterling Ill. (STATE OR COUNTRY) Ill. 2

10. NAME OF FATHER James Storkley

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Mt. Sterling Ill. (STATE OR COUNTRY) Ill.

12. MAIDEN NAME OF MOTHER Wendy Eckhardt

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

14. INFORMANT Wm. Walter E. Storkley (Address) Mexico Mo.

15. FILED June 13 - 1932 Ira S. Milligan REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 11 1932

17. I HEREBY CERTIFY, That I attended deceased from June 4, 1932, to June 10, 1932, that I last saw him alive on June 11, 1932, and that death occurred, on the date stated above, at 7:45 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
cerebral apoplexy
8 1/2 P.M. (duration) yrs. mos. ds. 5

CONTRIBUTORY (SECONDARY) _____ (duration) yrs. mos. ds. _____

18. WHERE WAS DISEASE CONTRACTED ①
 IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? (Signed) Robert W. Berry M. D.
 19 (Address) Mexico 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 Mexico Mo. - Elmwood DATE OF BURIAL June 13 1932

20. UNDERTAKER McPheters Bros ADDRESS Mexico 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.

WRITE PLAINLY, WITH OMISSION OF UNNECESSARY DETAILS.

