

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

Do not use this space.

31886

**1. PLACE OF DEATH**

35 County Dunklin Registration District No. 288  
7 Township Independence Primary Registration District No. 472  
4 City Kennett (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_

**2. FULL NAME**

Mary J. Stokes

(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 F 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR WIFE OF) Wm. C. Stokes

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 4 - 1862

7. AGE YEARS 70 MONTHS 4 DAYS 0 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

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) Clarkton (STATE OR COUNTRY) Mo - 1

13. NAME Thos P. Hord

14. BIRTHPLACE (CITY OR TOWN) Jameson (STATE OR COUNTRY) Mo - 26

15. MAIDEN NAME Belle Agnew

16. BIRTHPLACE (CITY OR TOWN) Jameson (STATE OR COUNTRY) Mo - 26

17. INFORMANT Lourence Stokes (ADDRESS) Kennett, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Hayfield DATE 10/6/32

19. UNDERTAKER Baldwin Med. Co. (ADDRESS) Kennett, Mo.

20. FILED Oct 6 1932 Thurston Doves Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 4 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct. 4 1932, to Oct. 4 1932

I last saw her alive on Oct 4 1932 Death is said to have occurred on the date stated above, at 10-30 P.M.

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

Uncompensated Heart  
(Sudden acute attack)

Date of onset 10/4/32

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? \_\_\_\_\_ 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? \_\_\_\_\_

If so, specify \_\_\_\_\_

(Signed) Paul Baldwin, M. D.

(Address) Kennett 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.

WHITE PAPER, WITH OBTAINING INFORMATION—THIS IS A PERMANENT RECORD

OCT 25 1932

