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

Do not use this space.

35346

1. PLACE OF DEATH

37 County Gasconade — Registration District No. 308 — File No. 6

Township Bourbois — Primary Registration District No. 3426 — Registered No. 6

City ..... (No. ..... St. ..... Ward)

JAN 9 1933

2. FULL NAME Bola Stockton

(a) Residence, No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)

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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) ~~WIFE OF~~: Opal Stockton

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov. 1 - 1900

7. AGE: Years 32 — Months 0 — Days 5 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 2 7
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Maries Co. 1

FATHER

13. NAME: John Stockton
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo.

MOTHER

15. MAIDEN NAME: Nancy Rhodes
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Illinois 2

17. INFORMANT (ADDRESS): Bona Stockton

18. BURIAL, CREMATION, OR REMOVAL
PLACE Trove Dale DATE Nov. 7, 1932

19. UNDERTAKER (ADDRESS): S. Lickleider Belle Mo

20. FILED Nov 10, 1932 M. B. Spurgeon M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Nov. 5, 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov. 1, 1928, to Nov. 5, 1932

I last saw him alive on Nov 2, 1932. Death is said to have occurred on the date stated above, at 8 P.m.

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

	Date of onset
Pulmonary	
Tuberculosis	

Other contributory causes of importance:

23 (1)

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) C A Bunge, M. D.

(Address) Bland 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 UNFADING INK—THIS IS A PERMANENT RECORD