

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.

JAN 24 1933

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

Do not use this space.

2035

1. PLACE OF DEATH  
 5 | County Johnson Registration District No. 431  
 6 | Township Warrensburg Primary Registration District No. 3022  
 7 | City Warrensburg St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Emmett Bert Stockton  
 (a) Residence, No. 411 North St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode)  
 Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. da. (If nonresident, give city or town and State)

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 Mary Stockton

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar-6-1869

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
62 9 28

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 92 1/2  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Merchant 15 B

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) Hazel Hill Tex. Mo

13. NAME Jack Stockton

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky -

15. MAIDEN NAME Rebecca Owens

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky -

17. INFORMANT (ADDRESS) Mrs Mary Stockton Warrensburg

18. BURIAL, CREMATION, OR REMOVAL PLACE Sunset Hill DATE Jan-6-1933

19. UNDERTAKER (ADDRESS) Sweeney Phillips Warrensburg Mo

20. FILED Jan 5 1933 M. R. Talleson Registrar.

2) MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan-4-1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 1932 to Jan 4, 1933  
 I last saw him alive on Jan 4, 1933 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:  
acute dilatation of heart sudden  
92 1/2  
 Other contributory causes of importance:  
urinal regurgitation 30 yrs  
 Name of operation none 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? No  
 If so, specify \_\_\_\_\_  
 (Signed) M. R. Talleson, M. D.  
 (Address) Warrensburg Mo

