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

Do not use this space.

5082

APR 24 1933

PLACE OF DEATH
County Clay
Township
City Birmingham (No. 4118 St. Ward)

Registration District No. 197
Primary Registration District No. 5-2-76

File No.
Registered No.

2. FULL NAME Dairha Stockham

(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: Female
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 Joseph Stockham

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 2 - 1844

7. AGE: Years 88 | Months 4 | Days 3 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
10. Date deceased last worked at this occupation (month and year) 3 years
11. Total time (years) spent in this occupation 70

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England.

FATHER
13. NAME James Wrigley
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Thos. Martin. Berndt
(ADDRESS) Missouri City Mo

18. BURIAL, CREMATION, OR REMOVAL Reto
PLACE Mt. Liberty Mo. DATE 2/7/ 33

19. UNDERTAKER Chas. Archer Co
(ADDRESS) Liberty Mo

20. FILED 2-8 1933 John S. Morton
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 5 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 15 1933, to Feb 5 1933
I last saw her alive on Feb 4 1933. Death is said to have occurred on the date stated above, at 5 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenza	
Hx	
Hx	
Hx	

Other contributory causes of importance: old age & Dem Debility

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) W. M. Castleberry, M. D.
(Address) Liberty 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.