

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

Do not use this space.

17346

**1. PLACE OF DEATH**

County Union  
Township Little Prairie  
City (No. )

Registration District No. 661  
Primary Registration District No. 6862

File No. \_\_\_\_\_  
Registered No. 40 St. \_\_\_\_\_ Ward)

**2. FULL NAME**

Bud 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 <u>male</u>	4. COLOR OR RACE <u>Black</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mahaley Stokes</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct. 14, 1895</u>		
7. AGE	YEARS	MONTHS
	<u>37</u>	<u>6</u>
		<u>30</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Laborer</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Farm</u>		
10. Date deceased last worked at this occupation (month and year) <u>unknown</u>		
11. Total time (years) spent in this occupation. <u>Life</u>		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Canthensville, Mo.</u>		
13. NAME <u>Hardin Stokes</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Canthensville, Mo.</u>		
15. MAIDEN NAME <u>Hattie Harris</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Canthensville, Mo.</u>		
17. INFORMANT <u>Mahaley Stokes</u>		
(ADDRESS) <u>Canthensville, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL		
PLACE	DATE	
<u>Megan Ridge</u>	<u>May 7, 1933</u>	
19. UNDERTAKER <u>H. S. Smith</u>		
(ADDRESS) <u>Canthensville, Mo.</u>		
20. FILED <u>May 20, 1933</u> <u>Ada Martin</u> Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

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

22. I HEREBY CERTIFY, That I attended deceased from May 4, 1933 to May 4, 1933  
I last saw him live on May 4, 1933. Death is said to have occurred on the date stated above, at 10 P. M.  
The principal cause of death and related causes of importance were as follows:  
Pulmonary Tuberculosis Date of onset \_\_\_\_\_  
gall  
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? h.o.  
If so, specify \_\_\_\_\_  
(Signed) J. R. P. Harris, M. D.  
(Address) Canthensville, 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.

JUN 23 1933

