

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.

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

Do not use this space.

9399

1. PLACE OF DEATH

County Jackson Registration District No. 413
 Township General Primary Registration District No. 4245
 City Benoni (No. _____) St. _____ Ward _____

File No. _____
 Registered No. 8

2. FULL NAME

(a) Residence, No. 1221 Missouri Ward. Joplin
 (Usual place of abode) (If not resident, give city or town and State)
 Length of residence in city or town where death occurred yrs. 1 mos. 1 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 Nether Storckmon
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 9 - 1884
 7. AGE YEARS 49 MONTHS 6 DAYS 9 IF LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miner
 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) past 3 yrs 11. Total time (years) spent in this occupation 3 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Watts City, Mo.

MOTHER 13. NAME Roy Storckmon

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind

15. MAIDEN NAME Laura Mitchell

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

17. INFORMANT (ADDRESS) Records Mo. Health Bureau

18. BURIAL, CREMATION, OR REMOVAL PLACE Wesley Church DATE Mar. 19 1934

19. UNDERTAKER (ADDRESS) Frank Tierney Co

20. FILED March 18 1934 Chester J. Weaver Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 16 1934
 22. I HEREBY CERTIFY, That I attended deceased from Feb 14 to March 16 1934
 I last saw him alive on March 16 1934 Death is said to have occurred on the date stated above, at 1:40 p.m.
 The principal cause of death and related causes of importance were as follows:

Myocardial infarction
 Coronary artery disease
 Hypertension
 Other contributory causes of importance: _____
 Name of operation no Date of _____
 What test confirmed diagnosis? K. Ray Was there an autopsy? no

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) James E. Doolan, M. D.
 (Address) W. Short City

Date of onset

