

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

Do not use this space.

AUG 12 1935

20612

1. PLACE OF DEATH

County Linn
Township Passy
City Brigg City (No. _____)

Registration District No. 1102
Primary Registration District No. 7587D

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Donald Eugene Stokes St. _____ Ward _____

(Usual place of abode) Brigg City (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 Male 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 15 - 35

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
5 8

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

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

FATHER 13. NAME John Riley Stokes

14. BIRTHPLACE (CITY OR TOWN) Lee (STATE OR COUNTRY) _____

MOTHER 15. MAIDEN NAME Elsie Dammers

16. BIRTHPLACE (CITY OR TOWN) Linn (STATE OR COUNTRY) _____

17. INFORMANT W.R. Stokes (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL PLACE Brigg City DATE June - 23 1935

19. UNDERTAKER Gentry and Co. (ADDRESS) _____

20. FILED Aug - 8 1935 Mrs. P. R. Cole Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 27 1935

22. I HEREBY CERTIFY That I attended deceased from June 27 1935 to June 27 1935. I last saw him alive on June 27 1935. Death is said to have occurred on the date stated above, at _____ m.

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

Catast Date of onset 6-15
11:00 AM

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? _____

If so, specify _____

(Signed) William H. Hays M. D.

(Address) Hays

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.

