

AUG 20 1935

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

Do not use this space.

23090

2331

1. PLACE OF DEATH

County... **Jackson**

Registration District No.

Township... **Kaw**

Primary Registration District No.

City... **Kansas City**(No. **3420 East 6th Street**)

File No.

Registered No.

St. Ward)

2. FULL NAME **Mrs. Mary E. Stockley**(a) Residence, No. **3420 East 6th Street** St. Ward.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred **37** yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fe.	4. COLOR OR RACE Wh.	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Joseph Stockley				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 20th. 1899				
7. AGE YEARS 75	MONTHS 8	DAYS 28	If LESS than 1 day, hrs. or min.	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home				
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.....	

OCCUPATION

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Missouri**13. NAME **No Data**14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **No Data**15. MAIDEN NAME **No Data**16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **No Data**17. INFORMANT **James Stockley**
(ADDRESS) **3420 East 6th Street**

18. BURIAL, CREMATION, OR REMOVAL

PLACE **Elmwood Cem.** DATE **7/15/35**19. UNDERTAKER **W. F. Mayberry**
(ADDRESS) **City**20. FILED **July 13, 1935 M. M. Crowe, Asst Registrar.**

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **July 12th, 1935**22. I HEREBY CERTIFY that I attended deceased from **July 12th, 1935**, to **July 12th, 1935**,
I last saw **deceased** alive on **July 12th, 1935**. Death is said to have occurred on the date stated above, at **8:30 AM**.The principal cause of death and related causes of importance were as follows:
Coronary thrombosis Date of onset

Other contributory causes of importance:

Name of operation **Autopsy** Date of operation **7/13/35**
What test confirmed diagnosis? **Autopsy** Was there an autopsy? **Yes**23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? **External causes (Violence)** Date of injury **7/12/35**, 19.....
Where did injury occur? **At home**
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury **At home**Nature of injury **Coronary thrombosis**

24. Was disease or injury in any way related to occupation of deceased?

If so, specify **No**(Signed) **[Signature]**, M. D.

(Address)

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.

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