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.

NOV 19 1935

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

Do not use this space.

32100

File No.
Registered No. 311

1. PLACE OF DEATH
County Cape Girardeau Registration District No. 125
Township Primary Registration District No. 3009
City CAPE GIRARDEAU (No. Cook Add. St. Ward)

2. FULL NAME Celia Stock
(a) Residence, No. Cook Add. 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): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 31 - 1880

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
55	4	28	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work
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) (STATE OR COUNTRY) Ill

FATHER
13. NAME Martin Roedl
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER
15. MAIDEN NAME Lucie Ruch
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) American

17. INFORMANT Chas Stock
(ADDRESS) Cape Girardeau Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE St Mary Cemt DATE Oct-31 1935

19. UNDERTAKER Hampton Funeral Home
(ADDRESS) Cape Girardeau Mo

20. FILED 10-29 1935 J. M. Thompson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct-29 1935

22. I HEREBY CERTIFY, That I attended deceased from 10/1, 1935 to 10/29, 1935.
I last saw h. alive on 10/29, 1935. Death is said to have occurred on the date stated above, at 8:30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Empyema Pectoris	

Other contributory causes of importance:

Name of operation No Date of
What test confirmed diagnosis? Clinical Signs 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?
If so, specify
(Signed) C. L. Scaborough, M. D.
(Address) Cape Girardeau Mo