

APR 15 1936

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

Do not use this space.

9073

1. PLACE OF DEATH

County Hair
Township Barton
City Kirksville (No. _____)

Registration District No. 4
Primary Registration District No. 3001

File No. _____
Registered No. 62
St. _____ Ward _____

2. FULL NAME Delcena F. Stookey

(a) Residence, No. 501 So. Elson 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 F 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 11/1/1849

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
86 4 18

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House keeper

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) Kirksville, Mo.13. NAME James Cain14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown15. MAIDEN NAME Lucinda Greenstreet16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn.17. INFORMANT Mr. Mackin Hall
(ADDRESS) Kirksville, Mo.18. BURIAL, CREMATION, OR REMOVAL
PLACE Highland Park DATE 3/22/36 1919. UNDERTAKER Summers & Son
(ADDRESS) Kirksville, Mo.20. FILED April 3 1936 Spencer G. Freeman
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/19/36 1936

22. I HEREBY CERTIFY, That I attended deceased from 4/26/33, 1933, to Mar 19th, 1936.
I last saw her alive on Mar 19th, 1936. Death is said to have occurred on the date stated above, at 10:15 pm.
The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis Date of onset ?
with valvular disease
(Endocarditis)

Other contributory causes of importance:

Influenza 9/2/35

Name of operation _____ Date of _____
What test confirmed diagnosis? Cervical cath 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) Geo. F. Susser, M. D.(Address) Kirksville 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.

