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

JUN 17 1936

Do not use this space.

18840

1. PLACE OF DEATH
County: Cass
Township: Polk
City: ..... (No. ....., ..., St. ....., Ward)

Registration District No. 159
Primary Registration District No. 5224

File No. .....
Registered No. 7

2. FULL NAME: Tolbert Frederick Stock

(a) Residence, No. ..... St., ... Ward. .....
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 28 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: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb 7 - 1865

7. AGE: Years 71 | Months 3 | Days 1 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: own farm
10. Date deceased last worked at this occupation (month and year): May 1936
11. Total time (years) spent in this occupation: Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

FATHER
13. NAME: Henry Stock
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

MOTHER
15. MAIDEN NAME: Ruth Ann Spencer
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Virginia

17. INFORMANT (ADDRESS): Mrs Fannie Stock Strasburg Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Strasburg Cemetery DATE: May 11, 1936

19. UNDERTAKER (ADDRESS): T T Goodman Holden Mo

20. FILED 5/10, 1936 W Beckman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May 9, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 3, 1936, to May 9, 1936
I last saw h. alive on May 9, 1936. Death is said to have occurred on the date stated above, at 5:45 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	May 3 1936

Other contributory causes of importance: Concussion of brain with probable fracture at base of skull

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? accident Date of injury 5/3, 1936
Where did injury occur? 1 mi. S of Strasburg Mo.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. auto - accident on public road.
Manner of injury: wheel broke & upset car
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No.
If so, specify .....

(Signed) W. Beckman, M. D.
(Address) Strasburg, Mo