

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

Do not use this space.

JUN 17 1936

1. PLACE OF DEATH

County Christian
Township Park
City Bellevue (No. _____)

Registration District No. 181
Primary Registration District No. 5251

File No. 18864
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Mary Elizabeth Stockard
(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Missouri

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF B. H. Stockard

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 16, 1885

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
50 2 9

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Nonacup
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) Bellevue Missouri

FATHER
13. NAME Wm Jones

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Keosauqua

MOTHER
15. MAIDEN NAME Lucinda Dillingham

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Keosauqua

17. INFORMANT (ADDRESS) J. H. Stockard

18. BURIAL, CREMATION, OR REMOVAL PLACE Dover DATE May 26 1936

19. UNDERTAKER (ADDRESS) A. A. Wallace

20. FILED May 26 1936 J. H. Stockard Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 25, 1936

I HEREBY CERTIFY, That I attended deceased from May 6, 1936 to May 25, 1936
I last saw her alive on May 6, 1936 Death is said

to have occurred on the date stated above, at 7 a m.
The principal cause of death and related causes of importance were as follows:

Chronic
CHRONIC CIRROSES
OF LIVER

Date of onset

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 _____, 1936

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) J. H. Stockard, M. D.
(Address) Bellevue 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.

