

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

AUG 15 1936

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

Do not use this space.

25463

1. PLACE OF DEATH

County Bates
Township
City Butler (No.)

Registration District No. 50
Primary Registration District No. 3004

File No.
Registered No. 61
St. Ward

2. FULL NAME

Edward James Stokes

(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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>married</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 7 - 1874</u>		
7. AGE YEARS <u>62</u>	MONTHS <u>10</u>	DAYS <u>24</u>
IF LESS than 1 day, hrs. or min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	11. Total time (years) spent in this occupation
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	<u>Laborer</u>
	10. Date deceased last worked at this occupation (month and year)	

12. BIRTHPLACE (CITY OR TOWN) Marion
(STATE OR COUNTRY) Illinois

13. NAME Stephen James Stokes

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

15. MAIDEN NAME Ada Ann Whitcomb

16. BIRTHPLACE (CITY OR TOWN) Cambridge
(STATE OR COUNTRY) Mass

17. INFORMANT Dorothy Stokes
(ADDRESS) Butler Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Lawrence DATE July 31, 1936

19. UNDERTAKER Culver's
(ADDRESS) Butler Mo

20. FILED July 31, 1936 Tom & Culver
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 29, 1936

22. I HEREBY CERTIFY, That I attended deceased from June 20, 1936 to July 31, 1936, 1936

I last saw him alive on June 20, 1936 Death is said to have occurred on the date stated above, at 4 P m.

The principal cause of death and related causes of importance were as follows:

Pthisis

Date of onset

23

Other contributory causes of importance:

Name of operation None Date of
What test confirmed diagnosis? Insp. 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 No

(Signed) C. M. Rice, M. D.
(Address) Butler, Mo.

