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 17 1936

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

Do not use this space.

25697

1. PLACE OF DEATH
County Caldwell — Registration District No. 96 — File No.
Township — Primary Registration District No. 4058 — Registered No. 21
City Hamilton (No. , St. Ward)

2. FULL NAME Francis B Stocks

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Aaron Stocks widowed

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug 24 1850

7. AGE: YEARS 85 — MONTHS 10 — DAYS 12 — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: housewife
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): Oneida N. Y.

FATHER
13. NAME: Harlow D. Lamb.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Onondaga Co. N. Y.

MOTHER
15. MAIDEN NAME: unable to ascertain
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS): Jasper Stoyle Hamilton Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Highland DATE July 8 1936

19. UNDERTAKER (ADDRESS): G. R. Houghton Hamilton Mo.

20. FILED July 8, 1936 Merle Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 6, 1936

22. I HEREBY CERTIFY, That I attended deceased from June 29, 1936, to July 6, 1936
I last saw her alive on July 6, 1936 Death is said to have occurred on the date stated above, at 5 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Septicemia	June 30
Other contributory causes of importance: Abrasion left arm and secondary strep infection.	Jun 28

Name of operation: None Date of
What test confirmed diagnosis? None 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 June 28, 1936
Where did injury occur? Hamilton, Mo. (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Home - Fell down basement steps.
Manner of injury ~~Abrasion left arm~~
Nature of injury Abrasion left arm.

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) J M Daley, M. D.
(Address) Hamilton, Mo.