

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.

FEB 25 1937

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

Do not use this space.

1253

1. PLACE OF DEATH

County Jackson Registration District No. \_\_\_\_\_  
Township Kaw Primary Registration District No. \_\_\_\_\_  
City Kansas City (No. St. Mary's Hospital) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 64

2. FULL NAME Thomas R Stokes

(a) Residence, No. 801 East 42nd 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 <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>Mary Stokes</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>August 31st 1868</u>		
7. AGE YEARS <u>68</u>	MONTHS <u>4</u>	DAYS <u>1</u>
		If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Clerk</u> <u>253</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Police Dept.</u>
	10. Date deceased last worked at this occupation (month and year) <u>Dec, 29th 1936</u>
	11. Total time (years) spent in this occupation <u>5</u>

12. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Mo.

13. NAME Patrick Stokes 15

14. BIRTHPLACE (CITY OR TOWN) Ireland (STATE OR COUNTRY) 31

15. MAIDEN NAME Unknown

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

17. INFORMANT Mrs. Mary Stokes (ADDRESS) 801 East 42nd St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE Dec 6th 1936<sup>th</sup>

19. UNDERTAKER D. W. Newcomer's Sons (ADDRESS) Kansas City, Mo

20. FILED 1-4 1937 M. M. Crowe, cash Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 2nd 1937

22. I HEREBY CERTIFY, That I attended deceased from 28 of Dec, 1936, to 1-2, 1937

I last saw him alive on 1-2, 1937. Death is said to have occurred on the date stated above, at 9.45pm.

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

Influenza Date of onset \_\_\_\_\_

Other contributory causes of importance: MB

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Culture 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) J. J. Bank, M. D.  
(Address) 6th

Angle 10149  
~~4535 Rockhill Terr No 1882~~

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