APR 16 1937

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

Do not use this space.

1. PLACE OF DEATH
County: Carroll
Township: Hurricane
City: ..... No. ..... St. ..... Ward)

Registration District No. 137
Primary Registration District No. 5196

File No. 11490
Registered No. 4

2. FULL NAME: Cora Adell Stokes

(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 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): Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF: Thomas Stokes

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 10 1860

7. AGE: Years 76 Months 6 Days 24 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): Ohio

FATHER
13. NAME: Robert Cosgrove
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Jusepzaw Co Ohio

MOTHER
15. MAIDEN NAME: Olive Stewart
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Lincoln Co Ohio

17. INFORMANT (ADDRESS): Vida Robertson Hale Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Hale Cemetery DATE: Mch 8 1937

19. UNDERTAKER (ADDRESS): Frank E. Slater Hale Mo.

20. FILED: 3-7 1937 W P Kennedy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Mch 6 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 20, 1937, to March 6, 1937
I last saw her alive on March 6, 1937. Death is said to have occurred on the date stated above, at 11 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	Feb 20

Other contributory causes of importance:

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? ..... 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) W P Kennedy, M. D.
(Address) Hale Mo

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.

1937 - 2 - 5
1847 - 5 - 10
89 - 8 - 25

1936
89
47

[illegible] - 81 yrs. old