REC'D MAY 17 1938

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

Do not use this space.

3

1. PLACE OF DEATH
County Buchanan — Registration District No. 85 — File No. 14113
Township — Primary Registration District No. 1001 — Registered No. 475
City St. Joseph (No. State Hospital #2 St. Ward)

2. FULL NAME Anna Stockwell 324
(a) Residence, No. Kansas City Mo. St., Ward. Kans City Mo.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. 7 mos. 26 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: George W. Stockwell
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): November 1, 1855
7. AGE: YEARS 82 — MONTHS 5 — DAYS 28 — 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): Pierceville Indiana

FATHER
13. NAME: O.T. Gookins
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): unknown Indiana

MOTHER
15. MAIDEN NAME: Margaret A. Bratter
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): unknown Maryland

17. INFORMANT (ADDRESS): Hospital Records State Hosp. #2, St. Joseph, Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE: Kansas City Mo DATE: May 2, 1938
19. UNDERTAKER (ADDRESS): Bergman Funeral Home 4306 Mill Creek KC Mo
20. FILED: April 30, 1938 H. J. Nettebush By J. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Apr. 29, 1938
22. I HEREBY CERTIFY, That I attended deceased from Sept. 3, 1937, to Apr. 29, 1938
I last saw her alive on Apr. 29, 1938. Death is said to have occurred on the date stated above, at 3:50 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	?
Other contributory causes of importance: 97.	
Senility	?

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? Yes

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 .....
(Signed) R. Kuhlman, M. D.
(Address) State Hosp. No 2.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.