WHITE PLANET, 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.

REC'D JUL 11 1938

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

Do not use this space.

1. PLACE OF DEATH
County: Holt
Township: Union
City: Craig
Registration District No.: 369
Primary Registration District No.: 4215
File No.: 21972
Registered No.: 9
(No. ..... St. ..... Ward)

2. FULL NAME: Jennie Stokes 322
(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 68 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): Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 8, 1869
7. AGE: YEARS 68 MONTHS 10 DAYS 27 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housekeeper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: In Home
10. Date deceased last worked at this occupation (month and year): Nearly 1 yr. ago
11. Total time (years) spent in this occupation: 50 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Craig, Mo. 0

FATHER
13. NAME: Mr. Eli Stokes 1
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ill. 1

MOTHER
15. MAIDEN NAME: Miss Jannette Parker
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ill.

17. INFORMANT (ADDRESS): Mr. Don D. Stokes, Kansas City, Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE: New Liberty DATE: 6/7, 1938
19. UNDERTAKER (ADDRESS): Schooler Bros. Craig Mo.
20. FILED: June 6, 1938 Verita Anderson, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 6/5, 1938
22. I HEREBY CERTIFY, That I attended deceased from July 27, 1937, to June 5, 1938. I last saw her alive on June 5, 1938. 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:

	Date of onset
Carcinoma of Stomach	1937
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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) [signature], M. D.
(Address) Craig, Mo.

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