JUN 22 1938

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

Do not use this space.

REC'D JUL 7 1938

1. PLACE OF DEATH
County Saint Louis — Registration District No. 784 — File No. 23003
Township Carondet — Primary Registration District No. 200 — Registered No. 1063
City ~~Jefferson Barracks~~ (No. Vet Hosp St. Ward) 322

2. FULL NAME James STOKES
(a) Residence, No. 2727 Lucas Avenue, Saint St., Ward. Louis, Missouri.
(Usual place of abode) Unkn. (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: Male
4. COLOR OR RACE: Colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Mrs. Pinkie Stokes
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 29, 1896
7. AGE: YEARS 41 — MONTHS 10 — DAYS 20 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer
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): Kinset, Arkansas

FATHER
13. NAME: Robert Stokes
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Not known / Not known

MOTHER
15. MAIDEN NAME: Mariah Stokes
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Not known / Not known

17. INFORMANT (ADDRESS): Clinical Clerk, Jefferson Barracks, Missouri
18. BURIAL, CREMATION, OR REMOVAL
PLACE: Jefferson Barracks DATE: June 22 1938
19. UNDERTAKER (ADDRESS): G. W. Bruce, 1003 N. Garrison Ave
20. FILED JUN 22 1938 — T. R. Meyer M.D. Dep. H. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): June 19, 1938
22. I HEREBY CERTIFY, That I attended deceased from June 10, 1938 to June 19, 1938
I last saw him alive on June 19, 1938 Death is said to have occurred on the date stated above, at 4:20 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis, pulmonary, chronic, far advanced, active.	Unkn.
Other contributory causes of importance: Malnutrition, severe.	Unkn.

Name of operation: None — Date of
What test confirmed diagnosis? Phy. clinical man. and laboratory — 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?
If so, specify
(Signed) C. W. HUGHES, Chief Med. Off., M. D.
(Address) Chief Medical Officer.

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.

MARGIN RESERVED FOR BINDING

50M-22-36 I X9314

Signed Louis V. Atkins

LICENSE EMBALMER

2842.

PO Address 3644 Finney