REC'D NOV 3 1938

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

Do not use this space.

3

1. PLACE OF DEATH

County Marion — Registration District No. 547 — File No. 36263

Township Mason — Primary Registration District No. 30 rg — Registered No. 262

City Hannibal (No. Masonic Home St. Ward)

322

2. FULL NAME Robt M Stokes

(a) Residence, No. Masonic Home 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: Male
4. COLOR OR RACE: Negro
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1863

7. AGE: about YEARS 74 MONTHS DAYS If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

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) Kirksville Mo 0

FATHER

13. NAME No Record 9

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) — 9

MOTHER

15. MAIDEN NAME —

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

17. INFORMANT (ADDRESS) Wm McCamel Masonic Home

18. BURIAL, CREMATION, OR REMOVAL
PLACE Robinson DATE 9-29 1938

19. UNDERTAKER (ADDRESS) Geo E Roberts Hannibal

20. FILED Oct 7 1938 H. C. Fisher Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-26 1938

22. I HEREBY CERTIFY, That I attended deceased from 9/17/38 19.., to 9/26 1938

I last saw him alive on 9/26/38 19.. Death is said to have occurred on the date stated above, at 10 PM m.

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

Date of onset

Angina Pectoris

Other contributory causes of importance: 94a

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

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) H. P. McMeeker M. D.

488 (Address) 1217 Church St. Hannibal Mo

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.