

RECD NOV 26 1938

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

37078
Do not use this space.

1. PLACE OF DEATH

(a) County Vernon Registration District No. 878
(b) Township Drywood Primary Registration District No. 6154B
(c) City (d) Street No.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 322 Ida Bell Stokes

(a) Residence, No. Milo, Mo. R.F.D. Star Route St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fem. 4. COLOR OR RACE White 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) Sept 1, 1874

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
64 1 15

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife.
9. Industry or business in which work was done, as 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) Indiana.

FATHER 13. NAME Peter Adams
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

MOTHER 15. MAIDEN NAME Nellie Williams
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown.

17. INFORMANT (ADDRESS) Lloyd Shafer
Milo, Missouri.

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE Olive Branch Cemetery Oct 17, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Ferry Funeral Home
Nevada, Missouri.

20. FILED Oct 17, 1938 Carroll T. Beany Local Registrar. 792

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 16, 1938

22. I HEREBY CERTIFY That I attended deceased from July 14, 1938 to Oct 16, 1938
last saw alive on August 25, 1938. Death is said to have occurred on the date stated above, at 12:15 PM
The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage
Other contributory causes of importance: 8221

Date of onset 8-25
1938

Name of operation Physical Exam Date of Physical Exam
What test confirmed diagnosis? Physical Exam 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 1938
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 Physical Exam
(Signed) J. H. Love M. D.
Nevada, 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.

RECEIVED

District Health Officer No: 7,

District File Number 7-38-349

Date Filed 11-7-38

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me Personal

or by _____

Registered Apprentice No. _____, working under my personal supervision.

Signed _____

Licensed Embalmer No. 1760

P. O. Address Merida, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.