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.

FILED MAY 13 1940

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

Do not use this space.

16395

1. PLACE OF DEATH

County Wayne 2 Registration District No. 891

Township Benton 0 Primary Registration District No. 4540

City Piedmont (No. ..... St. ..... Ward)

File No. .....

Registered No. 6

2. FULL NAME 320 HENRY STOCK

(a) Residence, No. Wayne-rural 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: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Fannie Webb Stock

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 10-2-1876

7. AGE: YEARS 63 | MONTHS 6 | DAYS 18 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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): Millstaet, Ill. 1

FATHER

13. NAME: Fritz Stock

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Illinois 1

MOTHER

15. MAIDEN NAME: Minnie Diesel 1

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Illinois

17. INFORMANT (ADDRESS): Fred Stock, Piedmont, Route 2

18. BURIAL, CREMATION, OR REMOVAL

PLACE Beulah DATE 4-22 1940

19. UNDERTAKER (ADDRESS): None

20. FILED 4-21- 1940 T. C. Piles M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-21- 1940

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 8:15 m.

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

He died without any medical attention. I did not see him till two hours after death. Think he had pneumonia

Date of onset

Other contributory causes of importance:

200 N

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? no

If so, specify .....

(Signed) C. H. Jones, M. D.

730 (Address) Piedmont, Mo.