

REC'D MAY 25 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Webster
 Township Seymour
 City Seymour (No. 322)

Registration District No. 897
 Primary Registration District No. 4543

File No. 16140
 Registered No. 15
 St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode)

Length of residence in city or town where death occurred 39 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or WIFE OF) <u>Hattie K. Stokes</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb - 29 - 1860</u>		
7. AGE <u>78</u>	YEARS <u>1</u>	MONTHS <u>16</u>
DAYS <u>16</u>		If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Merchant</u>
	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) London (STATE OR COUNTRY) England

13. NAME Robert E. Stokes

14. BIRTHPLACE (CITY OR TOWN) England (STATE OR COUNTRY) England

15. MAIDEN NAME Mary Ann Connor

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

17. INFORMANT Mrs. Rose Nolan (ADDRESS) 920 South Campbell Springfield Mo

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Masonic Home DATE April 18 1938

19. UNDERTAKER Kelley Furgall (ADDRESS) Seymour Mo

20. FILED 4-17 1938 W E McMahon Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from May 1936 to Apr 5th 1938

I last saw him alive on Apr 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:

Myocarditis Arteriosclerosis Date of onset 1936

Other contributory causes of importance:

Name of operation _____ Date of _____
 What test confirmed diagnosis? clinical Was there an autopsy? Yes

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) J B O'Leary M. D.
Springfield (Address)

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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.

