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

Do not use this space.

1. PLACE OF DEATH
County Jackson
Township Kaw
City Kansas City (No. St. Mary's Hosp. St. Ward)
Registration District No. 398
Primary Registration District No. 1
File No. 36226
Registered No. 4632

2. FULL NAME Mrs. Luela Margarette Stockton.
(a) Residence. No. St., Ward. Warrensburg, Mo.
(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: Female
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: Elmo Stockton

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Nov. 30. ~~1930~~ 1875

7. AGE: Years 55 | Months 11 | Days 12 | If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: House Keeper
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Layafette Co. Mo.

PARENTS
10. NAME OF FATHER: W. W. Doak.
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): KY.
12. MAIDEN NAME OF MOTHER: Luela Alice Hensley
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Layafette Co. Mo.

14. INFORMANT: Mrs. Silas Burguard.
(Address) Warrensburg, Mo.

15. FILED 11-15, 1930 M M Crowe Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR): Nov. 12, 1930

17. I HEREBY CERTIFY, That I attended deceased from 12-30, 1929, to 11-12, 1930 that I last saw her alive on 11-12, 1930, and that death occurred, on the date stated above, at 9:30 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Spinal cord tumor (classification indeterminate at present date) Neuroblastoma
Non malignant (duration) 2 yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Myocardial degeneration (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? No DATE OF —
WAS THERE AN AUTOPSY? yes
WHAT TEST CONFIRMED DIAGNOSIS? Autopsy findings
(Signed) Ralph E. Mueller, M. D.
11/13, 1930 (Address) 1200 Prof Bldg

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Sunset Hill
DATE OF BURIAL: Nov. 15 1930

20. UNDERTAKER: R S Phillips
ADDRESS: Warrensburg 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.