

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

Do not use this space.

1. PLACE OF DEATH

72 County New Madrid
3 Township Lilbourn
3 City Lilbourn (No.)

Registration District No. 274
Primary Registration District No. 4068

File No. 40797
Registered No.
St. Ward)

2. FULL NAME

(a) Residence, No. 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) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Julia Stocker
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2-9-1895
7. AGE YEARS 37 MONTHS 10 DAYS 9 IF LESS than 1 day, hrs. or min.

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) Mathews (STATE OR COUNTRY) Mo.

13. NAME William Stocker

14. BIRTHPLACE (CITY OR TOWN) New Madrid (STATE OR COUNTRY) Mo.

15. MAIDEN NAME Laura Townsend

16. BIRTHPLACE (CITY OR TOWN) New Madrid (STATE OR COUNTRY) Mo.

17. INFORMANT Julia Stocker (ADDRESS) Lilbourn Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Mathews DATE 12-19 1932

19. UNDERTAKER Hill Bros (ADDRESS) Lilbourn Mo

20. FILED Dec 19, 1932 E. E. Jones Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-18 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 1, 1932, to Dec 18, 1932
I last saw him alive on Dec 15, 1932 Death is said to have occurred on the date stated above, at 10:40 a.m.
The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis

Date of onset

Other contributory causes of importance:

Name of operation Obit Date of 20
What test confirmed diagnosis? Was there an autopsy? 20

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 1

24. Was disease or injury in any way related to occupation of deceased? 20
If so, specify
(Signed) E. E. Jones M. D.
(Address) Lilbourn, 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.

11 27 1932

RECORD

