

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

Do not use this space.

APR 25 1934

**1. PLACE OF DEATH**

County Phelps  
Township \_\_\_\_\_  
City Rolla (No. \_\_\_\_\_)

Registration District No. 677  
Primary Registration District No. 4403

File No. 2166-A-  
Registered No. 24  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Charley Stockton

(a) Residence, No. Palace, Mo. 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. 1 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 Etta Stockton  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 5, 1875  
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 58 10 29

OCCUPATION  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer Laborer  
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) Jan 3, 1934  
11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pulaski County, Mo.

MOTHER FATHER  
13. NAME Thos B Stockton

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

MOTHER FATHER  
15. MAIDEN NAME Mary E. Raines

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pulaski Co. Mo.

17. INFORMANT W. P. Russell  
(ADDRESS) Coacher, Mo.

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Palace, Mo. DATE Jan 7, 1934

19. UNDERTAKER J. L. Hooper  
(ADDRESS) Coacher, Mo.

20. FILED Jan 7, 1934 Jan 7, 1934  
J. C. Coyer Registrar

**3 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-6 1934

22. I HEREBY CERTIFY, That I attended deceased from January 5, 1934 to January 6, 1934  
I last saw him alive on January 6, 1934 Death is said to have occurred on the date stated above, at 9:25 A.M.

The principal cause of death and related causes of importance were as follows:  
Internal injuries chest and abdomen also crushed leg below knee (left) automobile accident  
Date of onset 2:10 P.M.

Other contributory causes of importance:  
9:10 P.M. 1568  
Name of operation amputation of leg 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 \_\_\_\_\_  
Where did injury occur? 66 H.W. near Blood Lake  
(Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Automobile accident walking  
Nature of injury on highway

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify \_\_\_\_\_  
(Signed) Osigenes McFarland, M. D.  
(Address) Rolla 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.

