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.

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

Do not use this space.

JAN 23 1936

1. PLACE OF DEATH

County Jackson — Registration District No. [illegible] — File No. 39789

Township Kaw — Primary Registration District No. [illegible] — Registered No. 4932

City Kansas City (No. 1821 Jarboe St. Ward)

2. FULL NAME Sylvan Stokes

(a) Residence, No. 1821 Jarboe, 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 Female — 4. COLOR OR RACE Colored — 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Widow

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) November, 3d. 1835 (1825)

7. AGE 60 YEARS — MONTHS 1 — DAYS 23 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

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) North Carolina

FATHER

13. NAME Hezekiah Parks

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) South Carolina.

MOTHER

15. MAIDEN NAME Dont Know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont Know

17. INFORMANT (ADDRESS) Mrs Lou Malone 341 Taylor St. K.C.K.

18. BURIAL, CREMATION, OR REMOVAL PLACE West Lawn DATE Dec. 30/35 19

19. UNDERTAKER (ADDRESS) West, Appleton + Jones K. C. Mo.

20. FILED 12-27 1935 M. M. Crowe, asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec, 26/35, 19

22. I HEREBY CERTIFY, That I attended deceased from 12/12 35, to 12/26 35

I last saw her alive on Dec 26, 1935. Death is said to have occurred on the date stated above, at 2 A m.

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

	Date of onset
Acute myo-carditis	12/12/35

Other contributory causes of importance:

Bronchopneumonia	12/20/35

Name of operation none Date of

What test confirmed diagnosis? Clinical 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?

If so, specify

(Signed) H. Linder, M. D.

(Address) 1722½ E. 18