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.

APR 25 1936

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

Do not use this space.

14175

1. PLACE OF DEATH
County Buchanan — Registration District No. 85 — File No. 594
Township — Primary Registration District No. 1001 — Registered No.
City St. Joseph, (No. News-Press Building, N.W.Cor.9th & Edmond Sts St. Ward)

2. FULL NAME General Washington Stockton,
(a) Residence, No. R.F.D.# 1, St. Joseph, Mo. St. Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 66 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: Nannie Belle Stockton,
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept.14, 1864
7. AGE: YEARS 71 — MONTHS 7 — DAYS 0 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Custodian,
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Newspaper Building,
10. Date deceased last worked at this occupation (month and year): April 1936
11. Total time (years) spent in this occupation: 12

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Saxton, Missouri,

FATHER
13. NAME: William Stockton,
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown, Ohio,

MOTHER
15. MAIDEN NAME: Jemima Irwin,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Guilford, Missouri,

17. INFORMANT (ADDRESS): Mrs. G. W. Stockton R.F.D.# 1, St. Joseph, Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Fairview Cem. DATE April 17, 1936
19. UNDERTAKER (ADDRESS): Heaton-Bergole & Bowman 319 So. 10th. St. Funeral Home
20. FILED 4-16, 1936 John R Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): April 14th, 1936
22. I HEREBY CERTIFY, That I attended deceased from April 14, 1936 to as he was dying 19..
I last saw him alive on April 14, 1936 Death is said to have occurred on the date stated above, at 7:35 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenza	

Other contributory causes of importance:

Name of operation: None — Date of
What test confirmed diagnosis? Clinical course — Was there an autopsy? No

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) L H Warren, M. D.
(Address) St Joseph Mo