

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

Registration District No. 397
 Primary Registration District No. 1002
3953 Central

File No. 6263
 Registered No. 1001
 St. _____ Ward _____

2. FULL NAME

Bonnie Bell Stokes

(a) Residence, No. 3953 Central St. _____ Ward _____
 (Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) November 20, 1923

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
13 2 12

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

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) Missouri

13. NAME Earl Stokes

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

15. MAIDEN NAME Gladys McGee McGee

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT Mrs. Gladys Rose
 (ADDRESS) 3953 Central St., Kansas City, Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Forest Hill DATE 2/4 1937

19. UNDERTAKER Stine & McClure
 (ADDRESS) 3235 Gillham Plaza

20. FILED 2/4 1937 M. M. Cronin
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 2, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 1, 1936, to Feb 2, 1937

I last saw him alive on Feb 2, 1937. Death is said to have occurred on the date stated above, at P. 11:12

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

Rheumatic Endocarditis
mitral stenosis

Date of onset

Other contributory causes of importance:

Acute Glomerular Nephritis

Name of operation no Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? no 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) Maurice V. Laird, M. D.
 (Address) 1200 Huron Blvd, Kansas City, Kansas

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.

3951 Central Res.

412 9797

Circle after 7 P^m