

REC'D MAR 15 1938

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

Do not use this space.

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## 1. PLACE OF DEATH

County COOPERRegistration District No. 218

File No. \_\_\_\_\_

Township \_\_\_\_\_

Primary Registration District No. 3015Registered No. 17City BOONVILLE (No. ST. JOSEPH HOSPITAL St. \_\_\_\_\_ Ward \_\_\_\_\_)2. FULL NAME JOHN JOSEPH STOCKMAN 325(a) Residence, No. MIAMI, MO. RFD 3 Ward. MIAMI, MO. RFD 3  
(Usual place of abode)Length of residence in city or town where death occurred 48 yrs. 11 mos. 14 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) SINGLE5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 19, 18907. AGE YEARS 47 MONTHS 11 DAYS 14 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) January 20 11. Total time (years) spent in this occupation \_\_\_\_\_12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) SALINE CO. MO.13. NAME Edward A. Stockman14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pennsylvania15. MAIDEN NAME Angelica Meschede16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany17. INFORMANT Joe Stockman  
(ADDRESS) Miami, Mo18. BURIAL, CREMATION, OR REMOVAL PLACE Shackelford, Mo DATE Feb. 5, 193819. UNDERTAKER Shook & M. Co. Inc.  
(ADDRESS) Marshall, Mo20. FILED Feb 7 1938 Shackelford Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 3, 193822. I HEREBY CERTIFY, That I attended deceased from 2-1-38, 19\_\_\_\_, to 2-3-38, 19\_\_\_\_I last saw him alive on 2-3-38, 19\_\_\_\_. Death is saidto have occurred on the date stated above, at 3:30 p. m.

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

Pneumonia (Type II) Lobar Date of onset 1-7-38Cardiac Distention 1-27-38Other contributory causes of importance: 108Name of operation None Date of \_\_\_\_\_What test confirmed diagnosis? Type II Sp. Inv. 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) A. L. van Ravenswaay, M. D.1938 (Address) Boonville, Mo

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FILL IN ANSWERS TO ALL SPACES  
CHECKED IN RED PENCIL.

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

65-40  
Do not use this space.

1. PLACE OF DEATH

(a) County Cooper Registration District No. 218  
(b) Township \_\_\_\_\_ Primary Registration District No. 3013- Registered No. \_\_\_\_\_  
(c) City Boonville (d) Street No. \_\_\_\_\_ (If death occurred in Hospital or Institution, write its name instead of street and number) St. \_\_\_\_\_  
(e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

John Joseph Stockman  
(a) Residence, No. \_\_\_\_\_ St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED s (write the word)

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.  
47 11 14

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
9. Industry or business in which work was done, as 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)

FATHER 13. NAME

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

MOTHER 15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED 2-13-37 A. C. van Ravenswaay Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 13 1937

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ to \_\_\_\_\_, 19\_\_\_\_. I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.

The principal cause of death and related causes of importance were as follows:  
Pneumonia (type 3)  
lobar

Other contributory causes of importance:  
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Name of operation \_\_\_\_\_ 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 \_\_\_\_\_, 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) A. C. van Ravenswaay D.  
(Address) Boonville Mo

SUPPLEMENTARY

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