

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

AUG 18 1939

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

Do not use this space.

26588

1. PLACE OF DEATH

County Frank Registration District No. 704
 Township West Linn Primary Registration District No. 5933
 City Marionville (No. _____) St. _____ Ward _____

File No. _____
 Registered No. _____

2. FULL NAME Book Elizabeth Stokes

(a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug-1--1858

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
80 11 2

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

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) Greene Co. Mo. D

13. NAME James Phillips

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

15. MAIDEN NAME Elizabeth Book

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

17. INFORMANT (ADDRESS) Mr George Stokes
Marionville Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Walnut Grove Mo DATE July-5 1939

19. UNDERTAKER (ADDRESS) Born Funeral Service
Walnut Grove Mo

20. FILED July 10 1939 Wm J J Warren
 Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July-3 1939

22. I HEREBY CERTIFY that I attended deceased from June 24 1939 to July 2 1939.
 I last saw her alive on July 2 1939 Death is said to have occurred on the date stated above, at 11:20 a.m.
 The principal cause of death and related causes of importance were as follows:

Acute infectious choker
erythema
 Date of onset 6-24-39

Other contributory causes of importance:
Chronic cholelithiasis
& intestinal dyspepsia

Name of operation _____ 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? No
 If so, specify _____
 (Signed) H. J. Hannel M. D.
 (Address) Marionville Mo

RECEIVED

District Health Officer No. 7,

District File Number 7-39-124

Date Filed 8-1-39