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

Do not use this space.

16552

File No.
Registered No.

1. PLACE OF DEATH
County: Clay
Township: Platte
City: No. St. Ward)
Registration District No. 203
Primary Registration District No. 5-281

2. FULL NAME: Irene Elizabeth Stone

(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 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: Black
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): 8-12-1927

7. AGE: Years | Months: 9 | Days: 0 | If LESS than 1 day, ... hrs. or ... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: At Home
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9. BIRTHPLACE (CITY OR TOWN): Clay Co.
(STATE OR COUNTRY): Mo.

PARENTS
10. NAME OF FATHER: Peter Graham Lester Stone
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Clay Co
(STATE OR COUNTRY): Mo
12. MAIDEN NAME OF MOTHER: Lucile Carter
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Clay Co.
(STATE OR COUNTRY): Mo.

14. INFORMANT: Pete Stone
(Address): Smithville, Mo. R.7

15. FILED 6/9, 1928 E. C. Hill
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 5-12-1928

17. I HEREBY CERTIFY, That I attended deceased from May 10, 1928, to May 12, 1928, that I last saw him alive on May 12, 1928, and that death occurred, on the date stated above, at 3:00 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pneumonia c.
9
109A (duration) yrs. mos. 5 ds.

CONTRIBUTORY (SECONDARY): Nephrogenic
(duration) yrs. mos. 16 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) [illegible], M. D.
May 12, 1928 (Address) Smithville Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Mt Olivet Cem Clay Co Mo | DATE OF BURIAL: 5-13-1928

20. UNDERTAKER: McDonald Und Co. | ADDRESS: Smithville Mo.

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.