

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

Do not use this space.

18471

JUN 26 1929

1. PLACE OF DEATH
 County Jackson Registration District No. 400 File No. _____
 Townsh. Prarie Primary Registration District No. 352719 Registered No. _____
 City Lee Summit St. _____ Ward) _____

2. FULL NAME Mrs. Agnes Anna 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 51 yrs. - mos. - ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 5-23-1862

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>66</u>	<u>11</u>	<u>23</u>	

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

9. BIRTHPLACE (CITY OR TOWN) Pleasant Hill
 (STATE OR COUNTRY) Mo

10. NAME OF FATHER Jas Harrison

11. BIRTHPLACE OF FATHER (CITY OR TOWN) unknown
 (STATE OR COUNTRY) unknown

12. MAIDEN NAME OF MOTHER unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) unknown
 (STATE OR COUNTRY) unknown

14. INFORMANT Mrs. Jas. H. Stone
 (Address) Lee's Summit Mo

15. FILED May 18 1929 W. S. Jones
 REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 5-16-1929

17. I HEREBY CERTIFY, That I attended deceased from March 1, 1929, to May 16, 1929, that I last saw him alive on May 12, 1929, and that death occurred, on the date stated above, at 2:45 a.m.

THE CAUSE OF DEATH WAS AS FOLLOWS:
82A Apoplexia
97
152
 (duration) _____ yrs. _____ mos. _____ ds.
 CONTRIBUTORY (SECONDARY) Microclia
depression
 (duration) 5 yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED
Lee's Summit Mo
 IF NOT AT PLACE OF DEATH, _____
 DATE OF OPERATION PRECEDE DEATH, _____ DATE OF _____
 WAS THERE AN AUTOPSY? _____
 WHAT TEST CONFIRMED DISEASE? _____
 (Signed) J. H. [unclear], M. D.
 5-18-29 (Address) Lee's Summit 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 Wode Chapel Lee's Summit Mo DATE OF BURIAL 5-18-1929

20. UNDERTAKER R. L. Fields Lee's Summit Mo ADDRESS _____

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

235-1-31-31

