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

Do not use this space.

30369

1. PLACE OF DEATH

County: Clay — Registration District No.: 201 — File No.:

Township: — Primary Registration District No.: 3012 — Registered No.: 82

City: L. Cty — (No. ..... St. ..... Ward)

2. FULL NAME Julia L. Stone (Stone)

(a) Residence. No. ..... St., ... Ward. ..... (If nonresident give city or town and State)

(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.

PERSONAL AND STATISTICAL PARTICULARS

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Oct. 21 - 1850

7. AGE: Years 79 — Months — Days — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: AX 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): Missouri

PARENTS

10. NAME OF FATHER: Abijah Withers
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Va
12. MAIDEN NAME OF MOTHER: Frances Blackburn White
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Ky

14. INFORMANT: Robert Bartlett Withers
(Address): L. Cty Mo.

15. FILED 11/10/29 19..... Wm H Goodson, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Sept 28 1929

17. I HEREBY CERTIFY, That I attended deceased from Dec 11, 1928, to Sept 28, 1929, that I last saw her alive on Sept 27, 1929, and that death occurred, on the date stated above, at 9 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Endocarditis - Caused from Attack of Influenza

(duration) ..... yrs. 10 mos. ..... ds.

CONTRIBUTORY (SECONDARY): Chronic Endocarditis

(duration) ..... yrs. ..... mos. ..... 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) Wm L. Wysong, M.D.

10/22 1929 (Address) Liberty Clay County 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: Fairview — DATE OF BURIAL: 9/29 1929

20. UNDERTAKER: R V Hill — ADDRESS: L. Cty 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.

78-11-7