

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

Do not use this space.

30710

1. PLACE OF DEATH

County Jackson Registration District No. 398 File No. _____
 Township Bellevue Primary Registration District No. 555 Registered No. 384
 City Sugar Creek, Mo. Anderson & High Sugar Creek (Ward) _____ St. _____ Ward) _____

2. FULL NAME

Mary Stone
 (a) Residence. No. Anderson & High 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 White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 12-12-1854

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day,	
				hrs.	min.
	74	8	24		

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

9. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY) West Virginia

10. NAME OF FATHER John Cochran

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

12. MAIDEN NAME OF MOTHER No record?

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____ (STATE OR COUNTRY) No Record

14. INFORMANT Mrs. A. L. Forges (Address) Anderson & High

15. FILED 9-7-29 Fd Cook REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 9-6-1929

17. I HEREBY CERTIFY, That I attended deceased from Aug 26, 1929, to Sept 6, 1929, that I last saw her alive on Sept 6, 1929, and that death occurred, on the date stated above, at 7 A. m.
 THE CAUSE OF DEATH* WAS AS FOLLOWS:
Hemorrhage of stomach 46 B
44 B 41 B 118 C
 (duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (SECONDARY) Malignancy of stomach and liver (duration) 10 yrs. 6 mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED Jewell Kans.
 IF NOT AT PLACE OF DEATH. _____
 DID AN OPERATION PRECEDE DEATH? No DATE OF _____
 WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Gray, history and symptoms
 (Signed) _____
9-7-1929 (Address) 838 Lathrop Bldg.

*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 Woodlawn C. H. DATE OF BURIAL 9-7-1929

20. UNDERTAKER Mrs. C. L. Forster Kitz 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.

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838 Lathrop
NE 3105
1-4 PM