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

Do not use this space.

1423

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No. 415
Township Kaw — Primary Registration District No. 1002 — Registered No.
City K.C. Mo. (No. 1612 Euclid St. Ward)

2. FULL NAME Mary Elizabeth Stone
(a) Residence. No. 1612 Euclid St., 4 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. 18 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, ~~WIDOWED OR DIVORCED~~ (~~write~~ the word)
Female	negro	married

5A. ~~IF MARRIED, WIDOWED, OR DIVORCED~~ ~~HUSBAND OF~~ (OR) WIFE OF Columbus Stone

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 7-1883

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	47		19	

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

235

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ala

2

PARENTS
10. NAME OF FATHER Major Combs
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Ala
12. MAIDEN NAME OF MOTHER Eliza Vaughn
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Ala

14. INFORMANT Mrs. Josie Gordon
(Address) 1612 Euclid Ave

15. FILED 1/28 19 30 M. M. Crowe REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1/26/30 19

17. I HEREBY CERTIFY, That I attended deceased from 1/9/30, 19..., to 1/26/30, 19..., that I last saw her alive on 1/26/30, 19..., and that death occurred, on the date stated above, at 1159 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Mitral Insufficiency
90 A
80 A
(duration) yrs. mos. 17 ds.

CONTRIBUTORY (SECONDARY) Cerebral Apoplexy
(duration) yrs. 2 mos. 15 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? History & Examination
(Signed) L. H. Norwood, M. D.
1/27, 19 30 (Address) 2348 Bellevue

*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	DATE OF BURIAL
Dallas Texas	1-31-30 19
20. UNDERTAKER	ADDRESS
Flynn & Greenstreet	K C 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.