

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

Do not use this space.

6.

8699

**1. PLACE OF DEATH**

County.....

Registration District No.....

399

Township.....

Primary Registration District No.....

City.....

*Jackson*  
*Law*  
*Kansas City* (No. *1850 East 78th*)

File No.....

Registered No.....

St.....

Ward)

**2. FULL NAME**

(a) Residence, No.....

(Usual place of abode)

*John B Stone*  
*1850 East 78th St., 15*

St., *15* Ward.

(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

*m*

4. COLOR OR RACE

*wh*

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

*married*

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

*Lucretia K Stone*

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

*Feb 22, 1875*

7. AGE

YEARS

MONTHS

DAY

If LESS than 1 day, ..... hrs. or ..... min.

*55*

*0*

*16*

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.

*By mail service*

(b) General nature of industry, business, or establishment in which employed (or employer).

*McC Terminal P.O.*

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

*Ohio*

10. NAME OF FATHER

*J R Stone*

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

*Rome*

12. MAIDEN NAME OF MOTHER

*Ohio*

*Alpha Brinkerhoff*

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

*Ind.*

14. INFORMANT

(Address)

*Mrs Lucretia K Stone*  
*1850 East 78th*

FILED

19

31

19

*3/10* 19 *30* *M. M. Corowe*

REGISTRAR

**2 MEDICAL CERTIFICATE OF DEATH**

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

*3/8*

19 *30*

17.

I HEREBY CERTIFY, That I attended deceased from

*Reputy Corow* 19..... to..... 19.....

that I last saw h..... alive on..... 19..... and that death occurred, on the date stated above, at..... *9: P.* m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

*Chronic my. cordia*  
*92A*  
*92C*

CONTRIBUTORY (SECONDARY)

*Myocardial degeneration*

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH.....

DATE OF.....

WAS THERE AN AUTOPSY? *no*

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed).....

*Stanley M. Heel* M. D.

18. 1930 (Address) *Reputy Corow*

\*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

*Topeka, Kansas* *Feb 11 1930*

20. UNDERTAKER

ADDRESS

*S. H. Newcomer's* *Lawst 1670*

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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