

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

Do not use this space.

12516

**1. PLACE OF DEATH**

County Jackson Registration District No. 398  
Township Blair Primary Registration District No. 5554  
City Independence, R.P.H. (No. ) St. \_\_\_\_\_ Ward)

File No. \_\_\_\_\_

Registered No. 114

**2. FULL NAME**

(a) Residence, No. Independence No. R.P.H.1 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 John P. Fann

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 4 - 1851

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
78 6 6

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

9. BIRTHPLACE (CITY OR TOWN) Raytown  
(STATE OR COUNTRY) Mo.

10. NAME OF FATHER A. J. Stone

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

12. MAIDEN NAME OF MOTHER Minerva Rice

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) \_\_\_\_\_  
(STATE OR COUNTRY) Maryland

14. INFORMANT J. Stann  
(Address) 1422 N Pleasant, City

15. FILED 4-15-30 72 Cook REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 4/17 1930

17. I HEREBY CERTIFY, That I attended deceased from 4/11 1930 to 4/17 1930, 1930, that I last saw her alive on 4/11 1930, and that death occurred, on the date stated above, at \_\_\_\_\_ m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
acute Cardiac dilatation  
9513

CONTRIBUTORY (SECONDARY) Parade Hypertrophy (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED \_\_\_\_\_ (duration) yrs. mos. ds.

IF NOT AT PLACE OF DEATH \_\_\_\_\_

19. DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_

20. WAS THERE AN AUTOPSY? \_\_\_\_\_

WHAT TEST CONFIRMED DIAGNOSIS? \_\_\_\_\_

(Signed) [Signature] M. D.  
4/17 1930 (Address) Independence 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 Woodlawn Cem. DATE OF BURIAL 4-16 1930

20. UNDERTAKER Ott & Mitchell ADDRESS Indep. Mo.

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.

26 1930

MAY

23

