OCT 28 1930

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

Do not use this space.

1. PLACE OF DEATH
County Boone Registration District No. 75
Township ~~Columbia~~ Perry Primary Registration District No. 5114
City Columbia Mo Rfd (No. ..... St. ..... Ward)

File No. 29128
Registered No. .....

2. FULL NAME Mrs Florence Elizabeth Stone
(a) Residence. No. Columbia Rfd 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 Thos H. Stone

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 11-1907

7. AGE: YEARS 23 MONTHS 2 DAYS 8 If LESS than 1 day, ... hrs. or ..... min.

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) Columbia
(STATE OR COUNTRY) Mo.

PARENTS
10. NAME OF FATHER J. S. Snell
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Howard Co
(STATE OR COUNTRY) Mo.
12. MAIDEN NAME OF MOTHER Ida DeHaven
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Howard Co.
(STATE OR COUNTRY) Mo.

14. INFORMANT Mrs J. S. Snell
(Address) Columbia Mo Rfd 1

15. FILED 10-10, 1930 Mrs H. Gillett REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 19 1930

17. I HEREBY CERTIFY, That I attended deceased from Feb 16, 1929, to Sept 19, 1930, that I last saw her alive on 16, 1930, and that death occurred, on the date stated above, at 3:00 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
23 F Pulmonary Tuberculosis
..... (duration) 3 yrs. 1 mos. 20 ds.

CONTRIBUTORY (SECONDARY) 31
..... (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH .....
0 DID AN OPERATION PRECEDE DEATH? No DATE OF .....
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) A W Kampschmidt, M. D.
9-30, 1930 (Address) Columbia

*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: Memorial Park Cemetery
DATE OF BURIAL: Sept 21 1930

20. UNDERTAKER: B F Baker
ADDRESS: Columbia

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.