

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

Do not use this space.

*W 2999779*

**1. PLACE OF DEATH**

County *Jackson*  
Township *1st*  
City *Kansas City* (No. *4039 Park Ave.*)

Registration District No. *399*  
Primary Registration District No. *1002*

File No. \_\_\_\_\_  
Registered No. *3801*  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

*Edmund Warwick Stonestreet*

(a) Residence. No. *4301 Warnell Rd., St. 7* 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 *M.* 4. COLOR OR RACE *W.* 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) *Married*

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *Sept. 7-1854*

7. AGE YEARS *76* MONTHS \_\_\_\_\_ DAYS *6* If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work *Rubber Goods*  
(b) General nature of industry, business, or establishment in which employed (or employer) *Salesman*  
(c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) *Jackson Co Mo*  
(STATE OR COUNTRY)

10. NAME OF FATHER *James Stonestreet*

11. BIRTHPLACE OF FATHER (CITY OR TOWN) *Ky*  
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER *Emilia Cook*

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) *Ky*  
(STATE OR COUNTRY)

14. INFORMANT *Emma Stonestreet*  
(Address) *4301 Warnell Rd*

15. FILED *7/15 19 30 M. M. Brown*  
REGISTRAR *Asst*

**MEDICAL CERTIFICATE OF DEATH**

2 **16. DATE OF DEATH** (MONTH, DAY AND YEAR) *Sept 13 1930*

17. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred, on the date stated above, at \_\_\_\_\_ m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
*Chronic Myocarditis*  
*93E*  
*97*

(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
CONTRIBUTORY (SECONDARY) *arterio-sclerosis*  
(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

18. WHERE WAS DISEASE CONTRACTED? *9010*  
IF NOT AT PLACE OF DEATH \_\_\_\_\_

0 DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_  
WAS THERE AN AUTOPSY? *yes*

WHAT TEST CONFIRMED DIAGNOSIS \_\_\_\_\_  
(Signed) *[Signature]*  
*9/13 1930* (Address) *[Address]*

\*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 *Mount Hill Cemetery* DATE OF BURIAL *Sept 16 1930*

20. UNDERTAKER *John W Wagner 204 West Lin Blvd*  
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.

