

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

Do not use this space.

21718  
2853

**1. PLACE OF DEATH**  
 County Jackson Registration District No. 1  
 Township Haw Primary Registration District No. 1  
 City Kennett (No. 81304) (Ward) 10

**2. FULL NAME** Maddie Stones  
 (a) Residence. No. 81304 St. 10 Ward. 10  
 (Usual place of abode)  
 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** Fe **4. COLOR OR RACE** Wh. **5. SINGLE, MARRIED, WIDOWED OR DIVORCED** widow  
**5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF** no record  
**6. DATE OF BIRTH (MONTH, DAY AND YEAR)** June 20 - 1849  
**7. AGE** YEARS MONTHS DAYS **IF LESS than 1 day, hrs. or min.**  
82. 0 7  
**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) 235  
 (c) Name of employer

**9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** Atlanta Georgia  
**10. NAME OF FATHER** Graham  
**11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY)** no record  
**12. MAIDEN NAME OF MOTHER** Mary Ann Field  
**13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)** Scotland

**14. INFORMANT** Mrs. Demese  
 (Address) 6225-E-16th  
**15. FILED** 6-29-31 M. M. Brown REGISTRAR  
Wass

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH (MONTH, DAY AND YEAR)** 6-27-1931  
**17. I HEREBY CERTIFY**, That I attended deceased from 6-25, 1931, to 6-27, 1931, that I last saw him alive on 6-27, 1931, and that death occurred, on the date stated above, at 7:49 p.m.  
**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**  
9:51  
907 Dilatation of heart (duration) yrs. mos. ds. 3  
**CONTRIBUTORY (SECONDARY)** arteriosclerosis (duration) yrs. mos. ds. several years  
**18. WHERE WAS DISEASE CONTRACTED** no  
 IF NOT AT PLACE OF DEATH no  
 DID AN OPERATION PRECEDE DEATH? no DATE OF no  
 WAS THERE AN AUTOPSY? no  
 WHAT TEST CONFIRMED DIAGNOSIS? Clinical  
 (Signed) O. R. Crooks, M. D.  
6/29, 1931 (Address) 6235 E 15.  
 \*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** Forest Hill **DATE OF BURIAL** June 30 1931  
**20. UNDERTAKER** Mrs. C. L. Foster **ADDRESS** City

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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