

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

Do not use this space.

34315

1. PLACE OF DEATH

County Jackson Registration District No. 398
 Township Blue Primary Registration District No. 5334
 City Independence (No. 2611 Northern Blvd) St. _____ Ward _____

2. FULL NAME

Julian Quincy Stone
 (a) Residence, No. 2611 Northern Blvd Ward _____
 (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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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 Lois Stone

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 4, 1878

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
53 7 15

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. operator

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Western Union

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Haven
Illinois

13. NAME Ebule Stone

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Haven
Illinois

15. MAIDEN NAME Agnes Boyd

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Haven
Illinois

17. INFORMANT (ADDRESS) Lois Stone
2611 Northern Blvd

18. BURIAL, CREMATION, OR REMOVAL Mount Washington DATE Oct. 22, 1931

19. UNDERTAKER (ADDRESS) Leroy Funeral Home
Independence, Mo

20. FILED Oct. 22, 1931 J. L. Cook Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 19, 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct 19, 1931 to Oct 19, 1931
 I last saw him alive on Oct 19, 1931 at 8:20 p.m. Death is said to have occurred on the date stated above, at _____ p.m.

The principal cause of death and related causes of importance were as follows:
Fibrous Myocarditis Date of onset _____

Other contributory causes of importance:
infection

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____

(Signed) J. S. Bennett, M. D.
 (Address) 9331 Van Horn
Kansas City, Mo.

WRITE PLAIN! 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.

NOV 24 1931

