

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

Do not use this space.

34522

**1. PLACE OF DEATH**

County Jackson

Registration District No. 399

Township Kaw

Primary Registration District No. 1002

City Kansas City

(No. Memorah Hospital)

File No. 4241

Registered No. 4241

St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** Pearl Edward Stone

(a) Residence No. 1812 Cedar St. St. X Ward. Independence, Mo.

(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 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 Mrs. Elmira W. Stone

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 2 - 1900

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, .....hrs. or .....min.  
31 4 15

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work Office Clerk  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
(c) Name of employer Montgomery Ward & Co.

9. BIRTHPLACE (CITY OR TOWN) Iowa  
(STATE OR COUNTRY)

**PARENTS**  
10. NAME OF FATHER Ernst Stone  
11. BIRTHPLACE OF FATHER (CITY OR TOWN) \_\_\_\_\_  
(STATE OR COUNTRY) Iowa  
12. MAIDEN NAME OF MOTHER Irene Lindsey  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) \_\_\_\_\_  
(STATE OR COUNTRY) No Record

14. INFORMANT Mrs. Elmira W. Stone  
(Address) 1812 Cedar, Independence, Mo.

15. FILED 10/19/31 M. M. Crowe  
cash. REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct. 17th. 319

17. I HEREBY CERTIFY, That I attended deceased from Oct 17 1931 to Oct 17 1931 that I last saw him alive on Oct 17 1931, and that death occurred, on the date stated above, at \_\_\_\_\_ m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
hemorrhagic typhoid  
fever

CONTRIBUTORY (SECONDARY) ✓  
(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH unknown

DID AN OPERATION PRECEDE DEATH? yes DATE OF Oct 17 1931

19. WAS THERE AN AUTOPSY? yes  
WHAT TEST CONFIRMED DIAGNOSIS? Culture  
(Signed) John C. ... M.D.  
, 19 Oct 17 1931

\*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 Grove, Indep. Mo. DATE OF BURIAL 10-20- 1931

20. UNDERTAKER Gates Funeral Home K.C.Ks. 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.

