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.

FEB 24 1932

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

Do not use this space. 780 Atherton

File No. 67

Registered No.

1. PLACE OF DEATH
39 County Greene
3 Township
5 City Springfield Mo. No. 848 South Ave St. Ward)

Registration District No. 318
Primary Registration District No. 2001

2. FULL NAME Sarah J Stoneman.

(a) Residence. No. 848 South Ave 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) Widow

5A. ~~IF MARRIED, WIDOWED, OR DIVORCED~~ ~~HUSBAND OF (OR) WIFE OF~~ W C Stoneman

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 13 - 1855

7. AGE 76 YEARS 2 MONTHS 11 DAYS 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) (STATE OR COUNTRY) Mo 1

PARENTS
10. NAME OF FATHER Elzia Todd
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Ky 2
12. MAIDEN NAME OF MOTHER - Harris
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Ky

14. INFORMANT A E Stoneman
(Address) Springfield Mo

15. FILED 1-26, 1932 Lon Sharp REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1-24 1932

17. I HEREBY CERTIFY, That I attended deceased from 7-21, 1929, to 11-13, 1931 that I last saw her alive on 11-13, 1931, and that death occurred, on the date stated above, at 12 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
myocarditis chronic
93C
162 93C (duration) 2 yrs. 5 mos. ds.

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

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no (1)
WHAT TEST CONFIRMED DIAGNOSIS? physical & clinical
(Signed) Mary Jean Atherton, M. D.
, 19 (Address) Medical Arts Bldg

*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 Nahona Cemetery DATE OF BURIAL Jan 26 1932

20. UNDERTAKER [illegible] ADDRESS Springfield Mo