

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

Do not use this space.

23604

**1. PLACE OF DEATH**

78 County Pemissott Registration District No. 651  
Township Little River Primary Registration District No. 4093  
City \_\_\_\_\_ (No. 3862) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. 9  
Registered No. 981

**2. FULL NAME**

Pearl Stone  
(a) Residence, No. \_\_\_\_\_ 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 F. 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) M  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF M. J. Stone  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 16 - 1892  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
40 6 15

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home  
10. Date deceased last worked at this occupation (month and year) June 1st 1932 11. Total time (years) spent in this occupation 20 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Edwardsville Illinois

MOTHER FATHER 13. NAME Henry Arnold

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known

15. MAIDEN NAME Doty Brown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known

17. INFORMANT M. J. Stone (ADDRESS) Clarkton Mo Rt 2

18. BURIAL, CREMATION, OR REMOVAL PLACE Wardfield DATE 8-1st 1932

19. UNDERTAKER Rt Mentemeyer (ADDRESS) Wilson Mo.

20. FILED Aug 10 1932 M. J. Mentemeyer Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 31st 1932

22. I HEREBY CERTIFY That I attended deceased from 11-18 1930 to 7-31 1932

I last saw her alive on May 15th 1932 Death is said to have occurred on the date stated above, at 6:30 A.M.

The principal cause of death and related causes of importance were as follows:

Pulmonary TB.

Date of onset 8-1-1930

Other contributory causes of importance: ①

Name of operation none Date of \_\_\_\_\_

What test confirmed diagnosis? Clinical Was there an autopsy? no

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. B. Steinmetz, M. D.

(Address) Clarkton Mo.

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.

AUG 25 1932

PHYSICIAN'S OFFICE

AGY - Supply

AGY - Supply

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CERTIFICATE OF DEATH**

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

**1. PLACE OF DEATH**

County Demassett Registration District No. 651 File No. 9  
 Township Little River Primary Registration District No. 5862 Registered No. 787 127  
 City No. St. Ward

**2. FULL NAME**

(a) Residence, No. Pearl Stone 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 <u>F</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>M</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>W. J. Stone</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 16 1892</u>		
7. AGE	YEARS	MONTHS
	<u>40</u>	<u>6</u>
		DAYS
		<u>15</u>
		If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>at home</u>		
10. Date deceased last worked at this occupation (month and year) <u>Jan 1, 1932</u>		
11. Total time (years) spent in this occupation		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Eldaville, Mo.</u>		
13. NAME <u>Henry Arnold</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unplanned</u>		
15. MAIDEN NAME		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unplanned</u>		
17. INFORMANT <u>W. J. Stone</u> (ADDRESS) <u>Clackton Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL <u>Clackton Mo</u> PLACED <u>8/1</u> DATE <u>1932</u>		
19. UNDERTAKER <u>Eda Mentzer</u> (ADDRESS) <u>Clackton Mo</u>		
20. FILED <u>8/18</u> 19 <u>32</u> <u>Eda Mentzer</u> Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 31, 1932

22. I HEREBY CERTIFY That I attended deceased from 7:00 PM 18 1932, to July 31, 1932  
 I last saw her alive on May 15, 1932 Death is said to have occurred on the date stated above, at Clackton Mo.  
 The principal cause of death and related causes of importance were as follows:  
Pneumonia T. B. Date of onset 8/1/30  
 Other contributory causes of importance:

Name of operation none Date of \_\_\_\_\_  
 What test confirmed diagnosis clinical Was there an autopsy? no

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? \_\_\_\_\_  
 If so, specify \_\_\_\_\_  
 (Signed) J. B. Stemmetz, M. D.  
 (Address) Clackton Mo.

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. PHYSICIAN'S STATEMENT OF CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW.

SUPPLEMENTARY

S-23604