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.

JAN 24 1933

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

Do not use this space.

40339

1. PLACE OF DEATH

5 1 County Johnson — Registration District No. 430 — File No.

5 Township Post Oak — Primary Registration District No. 4256 — Registered No.

1 City Leeton (No. ..., ... St. ..... Ward)

2. FULL NAME Mamie Stone

(a) Residence, No. Leeton St., ... Ward. (If nonresident, give city or town and State)
(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: F
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8-10-1884

7. AGE: YEARS 48 — MONTHS 3 — DAYS 23 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 234
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) Leeton Mo 1

FATHER

13. NAME J. C. Stone 9
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn. 2

MOTHER

15. MAIDEN NAME Margaret Jo Scruggs
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

17. INFORMANT (ADDRESS) Mrs. Hazel Bunn Kansas City, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mineral Creek Cem DATE 12-4, 1932

19. UNDERTAKER (ADDRESS) J. L. Wallace Leeton, Mo.

20. FILED Dec-4, 1932 C. B. Koons Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-3, 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 24, 1932, to Dec 3, 1932
I last saw her alive on Dec 3, 1932 Death is said to have occurred on the date stated above, at 10 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	11/24/32
87 B	
11 B	
82 A	
①	
Other contributory causes of importance:	
Influenza	11/23/32

Name of operation — Date of
What test confirmed diagnosis? — 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) E. Pope, M. D.
(Address) Leeton, Mo