

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

Do not use this space.

25296

1. PLACE OF DEATH
 99 County Scotland Registration District No. 810
 Township West Primary Registration District No. 6057
 City _____ (No) _____ St. _____ Ward _____

File No. _____
 Registered No. 39

2. FULL NAME Margaret McNeil Stone
 (a) Residence. No. _____ St. _____ 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 Sue Stone

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 2, 1892

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
80 11 29

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Doctor M.D.
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN), Lee County, Iowa
 (STATE OR COUNTRY)

10. NAME OF FATHER Lewis Stone

11. BIRTHPLACE OF FATHER (CITY OR TOWN), Virg
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Catherine Seymour

13. BIRTHPLACE OF MOTHER (CITY OR TOWN), Ind.
 (STATE OR COUNTRY)

14. INFORMANT Mrs. Sue Stone
 (Address) Memphis, Mo.

15. FILED 8/4 1933 C. C. Garrison
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 2 1933

17. I HEREBY CERTIFY, That I attended deceased from June 15, 1933, to July 2, 1933, that I last saw h.w.a. alive on July 1, 1933, and that death occurred, on the date stated above, at 2 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

chronic interstitial nephritis
13 1/2 (duration) 2 yrs. 3 mos. 0 ds.
 CONTRIBUTORY chronic valvular heart disease (SECONDARY)
disease (duration) 1 yrs. 6 mos. 0 ds.

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

19. DID AN OPERATION PRECEDE DEATH? no DATE OF _____

20. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Physical
 (Signed) A. E. Platter, M. D.

, 19 (Address) Memphis, Mo.

*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 Power cemetery DATE OF BURIAL 7-3-1933

20. UMBERTAKER W. W. Payne & Sons ADDRESS Memphis

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 26 1933

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RECORD THIS IS A PERMANENT RECORD

