

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

Do not use this space.

1. PLACE OF DEATH

County Jackson Registration District No. 398
 Townships Blair Primary Registration District No. 3019
Independence Indep. Sanitarium St. _____ Ward)

File No. 29516
 Registered No. 296

2. FULL NAME

Amelia L. Stone
 (a) Residence, No. Route 3 Box 220 Spring Branch Road
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug-29-1862

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
71 0 19

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work

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) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bath England

13. NAME Lissner Smith

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bath England

15. MAIDEN NAME Hennetta Tourgent

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bath England

17. INFORMANT (ADDRESS) Lewis Clark Stone
Route 3 Box 220

18. BURIAL, CREMATION, OR REMOVAL PLACE Graves DATE Sept-19-1933

19. UNDERTAKER (ADDRESS) Carson Funeral Home
Independence Mo

20. FILED Sept 19 1933 Dr. F. L. Cook Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 18, 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 12, 1933 to Sept 18, 1933

I last saw him alive on Sept 15, 1933 Death is said to have occurred on the date stated above, at 4:30 a.m.

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

RT. broncho pneumonia
177A
177A
 Other contributory causes of importance
Emphysema
Calargia
 Date of onset Sept 15 1933

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) Blair Green, M. D.
 (Address) Independence 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.

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