NOV 15 1934

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

Do not use this space.

1. PLACE OF DEATH
County Johnson — Registration District No. 431 — File No. 36467
Township — Primary Registration District No. 3023 — Registered No.
City Warrensburg (No. ..... St. ..... Ward)

2. FULL NAME Mary Mildred Stone
(a) Residence, No. ..... 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: 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: J. Wesley Stone
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec. 26 - 1854
7. AGE: YEARS 79 — MONTHS 9 — DAYS 16 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
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.
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): Franklin Co Mo

FATHER
13. NAME: Jo Daugherty
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Ky

MOTHER
15. MAIDEN NAME: Lucinda Bourn
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Ky

17. INFORMANT (ADDRESS): Miss Jessie Hall St. Louis
18. BURIAL, CREMATION, OR REMOVAL
PLACE Sunset Hill DATE Oct. 12, 1934
19. UNDERTAKER (ADDRESS): Sweeney - Phillips Warrensburg, Mo
20. FILED 10/12, 1934 Eva Gentry Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 10, 1934
22. I HEREBY CERTIFY, That I attended deceased from Oct 1st, 1934 to Oct 10, 1934
I last saw her alive on Oct 10th, 1934. Death is said to have occurred on the date stated above, at 3:40 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Colitis	Oct 1st 1934
57 a	

Other contributory causes of importance: Multiple Arthritis. Chronic - for several years

Name of operation none 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? no 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 none
Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) John T. Anderson, M. D.
(Address) Warrensburg

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.

V. S. NO. 2 100M-11-24-33