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.

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

MAR 20 1935

Do not use this space.

5361

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No.
Township ~~Kaw~~ — Primary Registration District No. 1002 — Registered No. C52
City Kansas City (No. Geo. H. Nettleton Home St. Ward)

2. FULL NAME Mary Evelyn Stage
(a) Residence, No. Geo. H. Nettleton Home 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): Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Single
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): December 25, 1858
7. AGE: YEARS 76 — MONTHS 1 — 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.: At home
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): New Yrok
FATHER
13. NAME: Robert F. Stage
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): New York
MOTHER
15. MAIDEN NAME: Martha McLelland
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Michigan
17. INFORMANT (ADDRESS): Geo. H. Nettleton Home Record
18. BURIAL, ~~CREMATION, OR REMOVAL~~ PLACE Elmwood Cem DATE Feby 12, 1935
19. UNDERTAKER (ADDRESS): Stine & McClure 3235 Gillham Plaza
20. FILED 2/11, 1935 M. M. Crowe Asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): February 11, 1935
22. I HEREBY CERTIFY, That I attended deceased from Feb 10, 1935, to Feb 11, 1935
I last saw her alive on Feb 10, 1935. Death is said to have occurred on the date stated above, at A. m. 4:45
The principal cause of death and related causes of importance were as follows:
Coronary Thrombosis — Date of onset 2/11/35
Other contributory causes of importance: Generalized Arterio Sclerosis.
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) John G. Lapp M. D.
(Address) 1314 Professional Bldg.

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