

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

Do not use this space.

MAR 27 1935

5973

1. PLACE OF DEATH

County Lincoln Registration District No. 498
Township Bucklin Primary Registration District No. 5663
City Bucklin (No. _____) St. _____ Ward _____

File No. 2
Registered No. _____

2. FULL NAME CARRIE Emline Stone

(a) Residence No. _____ St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 3 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) married

6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John Stone

7. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12-20-1862

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
72 1 22

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) Manchester Iowa

13. NAME Verner Withwell

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Manchester Ia

15. MAIDEN NAME Carrie Davis

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Manchester Ia

17. INFORMANT Wayne Stone
(ADDRESS) Bucklin Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Bucklin DATE 2-13 1935

19. UNDERTAKER A. C. Merriman
(ADDRESS) Bucklin Mo

20. FILED 2-13 1935 W. Cantwell
Registrar

MEDICAL CERTIFICATE OF DEATH

Osteopathic
21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 12 1935

22. I HEREBY CERTIFY, That I attended deceased from June 15, 1934 to Feb. 12, 1935
Last saw her alive on dec. 30, 1934 **Death is said to have occurred on the date stated above, at** 1 P. m.

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

Cerebral Hemorrhage
131
Chronic Nephritis
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? No
If so, specify _____
(Signed) W. C. Brown, D.O. 70
(Address) Bucklin, 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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