

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

Do not use this space.

MAY 20 1935

11809

1. PLACE OF DEATH
 County Madair Registration District No. 978
 Township Liberty Primary Registration District No. 5008
 City (No. _____) St. _____ Ward _____

2. FULL NAME Mary Stone
 (a) Residence, No. Spring mo. St. _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)
 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 F 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed
 (Using the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 14 1862

7. AGE YEARS 73 MONTHS 2 DAYS _____ If LESS than 1 day, _____ hrs. or _____ min.

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) Hiwassee Holt Ga

13. NAME Hiwassee Holt

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) and

15. MAIDEN NAME Makala Dockery

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) and

17. INFORMANT (ADDRESS) Charles Stone

18. BURIAL, CREMATION, OR REMOVAL PLACE First Cemetery DATE 4/15 1935

19. UNDERTAKER (ADDRESS) Flewellyn Son
Nowinger mo

20. FILED Apr 20 1935 Ruth Nowinger
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 14 1935

22. I HEREBY CERTIFY, That I attended deceased from April 12 1935 to April 14 1935
 I last saw him alive on April 14 1935 Death is said to have occurred on the date stated above, at 11:30 a.m.
 The principal cause of death and related causes of importance were as follows:

Branchial Pneumonia Date of onset April 11 1935

Other contributory causes of importance: Asphyxia 11:30 April 1935

Name of operation None Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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) A. P. Garrison M. D.
 (Address) Nowinger Mo.

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.

See 50 22

WHILE I LIVE, WITH OUTDING INTEREST, THIS IS A PERMANENT RECORD

