

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.

MAY 27 1935

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

Do not use this space. ✓

13193

1. PLACE OF DEATH

County JACKSON Registration District No. 403
Township Brookings Primary Registration District No. 5557
City RR #3 LEES SUMMIT (No. PLAINVIEW STATION) St. _____ Ward _____

2. FULL NAME DELTA CLARENCE CONE

(a) Residence, No. PLAINVIEW STATION - R.R. #3 St. Ward _____
(Usual place of abode)
(If nonresident, give city or town and State)
Length of residence in city or town where death occurred 30 yrs. 2 mos. 4 ds. How long in U. S., if of foreign birth? yrs. _____ mos. _____ ds. _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX MALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MARRIED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF MRS. LELA CONE

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) MAY-6-1877

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
57 11 12

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. PLAINVIEW FILING STATION

10. Date deceased last worked at this occupation (month and year) APR. 17, 1935 11. Total time (years) spent in this occupation 15

12. BIRTHPLACE (CITY OR TOWN) KANSAS CITY
(STATE OR COUNTRY) MISSOURI

13. NAME GILBERT JANEWAY CONE

14. BIRTHPLACE (CITY OR TOWN) LARRYVILL
(STATE OR COUNTRY) INDIANA

15. MAIDEN NAME NAOMA WAGNER

16. BIRTHPLACE (CITY OR TOWN) MOWEQUA
(STATE OR COUNTRY) ILLINOIS

17. INFORMANT MRS. LELA CONE
(ADDRESS) PLAINVIEW STATION - R.R. #3 LEES SUMMIT

18. BURIAL, CREMATION, OR REMOVAL PLACE MT. MORIAH DATE APRIL 20, 1935

19. UNDERTAKER D.W. NEWCOMER'S SONS
(ADDRESS) KANSAS CITY, MISSOURI

20. FILED April 19, 1935 W. H. Stokes
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) APRIL-19 1935

22. I HEREBY CERTIFY, That I attended deceased from Apr. 3, 1935, to Apr. 18, 1935.
I last saw heart alive on Apr. 17, 1935. Death is said to have occurred on the date stated above, at 7:30 A.M.
The principal cause of death and related causes of importance were as follows:

Myocardiosclerosis with coronary occlusion Date of onset 2 yrs.
arteriosclerosis 7 to 10 Date of onset 3 yrs.

Other contributory causes of importance:

Name of operation none Date of _____
What test confirmed diagnosis? PHYSICAL SIGNS 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 _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No.
If so, specify _____
(Signed) John O. Shuman, M. D.
(Address) 1402 Bryant Bldg.

14092 Bryant Bldg.
1:30 - 5:30

