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

NOV 2 1935

Do not use this space.

31273

1. PLACE OF DEATH

County..... Registration District No. 791

Township..... Primary Registration District No. 1003

City St. Louis (No. Barnes Hospital St. ..... Ward)

File No. ..... Registered No. 8073

2. FULL NAME Tabitha Stone

(a) Residence, No. ..... St., N.R. Ward. Montgomery City, Mo
(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 (*write* the word): widowered

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF J. H. Stone

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 29 - 1869

7. AGE: Years 65 | Months 11 | Days 25 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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) Sept. 1 - 1935

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri Warren Co.

FATHER

13. NAME L. B. Chamberlain

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri Warren Co.

MOTHER

15. MAIDEN NAME Bishop Virginia

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri Warren County

17. INFORMANT Mrs. C. H. Reinhardt
(ADDRESS) Wave Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Montgomery City Mo DATE Sept 26 1935

19. UNDERTAKER Albert H. Hoppeler
(ADDRESS) 429 - Nimed Wash Mo

SEP 26 1935

20. FILED ....., 19.... J. F. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 24th, 1935

22. I HEREBY CERTIFY, That I attended deceased from 9-10, 1935, to 9-24, 1935

I last saw alive on 9-24, 1935. Death is said to have occurred on the date stated above, at 2:15 p.m.

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

	Date of onset
Carcinoma of Uterus	6 months ago

48

Other contributory causes of importance:

Name of operation None Date of .....

What test confirmed diagnosis? Clinical 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) Robert L. Smith M. D.

(Address) Barnes Hospital

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.

100M-11-24-33