WHITE PLANET, 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.

Mr. Edmondson

FEB 19 1936

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

Do not use this space.

915

1. PLACE OF DEATH

County Greene — Registration District No. 318 — File No. 16

Township — Primary Registration District No. 2001 — Registered No.

City Springfield (No. Springfield Hospital St. Ward)

2. FULL NAME Docia Adeline Stone

(a) Residence, No. Willard R.F.D. I St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 40 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): Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 7, 1869

7. AGE — YEARS: 66 — MONTHS: 2 — DAYS: 0 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home Mother
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) Noxville Tenn.

FATHER

13. NAME Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Unknown

MOTHER

15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Unknown

17. INFORMANT (ADDRESS) Mrs. M. D. Wells 550 So Campbell Springfield Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Cave Springs DATE Jan 9 1936

19. UNDERTAKER (ADDRESS) F. C. Thieme Springfield, Mo

20. FILED 1-8- 1936 Ralph W. Langston Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 7, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 8 1936, to Jan 8, 1936
I last saw her alive on Jan 7, 1936. Death is said to have occurred on the date stated above, at 12:05 P.m.
The principal cause of death and related causes of importance were as follows:

Brain Tumor
not malignant

Date of onset

Other contributory causes of importance

Name of operation — 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? No
If so, specify
(Signed) M. T. Edmondson, M. D.
(Address) 318 Callen St Springfield Mo