

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

Do not use this space.

**FEB 20 1936**

1637

**1. PLACE OF DEATH**

County Jackson  
Township Paris  
City Kansas City (No. 1002)

Registration District No. 399  
Primary Registration District No. 1002

File No. \_\_\_\_\_  
Registered No. 491  
St. \_\_\_\_\_ Ward)

**2. FULL NAME**

(a) Residence, No. Union Plaquette 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 20, 1845

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, .....hrs. or .....min.
	<u>90</u>	<u>2</u>	<u>11</u>	

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

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) Charleston

13. NAME Don't know

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

15. MAIDEN NAME Don't know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

17. INFORMANT Geo. P. Stone (ADDRESS) 2501 Me.

18. BURIAL, CREMATION, OR REMOVAL PLACE Crematorium DATE 2-1-1936

19. UNDERTAKER Freeman Mortuary (ADDRESS) Kansas City Mo

20. FILED 1-31-1936 M. W. Cron Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 31, 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 27, 1935, to JAN 31, 1936

I last saw her, alive on JAN 31 1936, 19\_\_\_\_. Death is said to have occurred on the date stated above, at 9:20 A. m.

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

ACUTE UREMIA Date of onset 1-27-36

Other contributory causes of importance: ARTERIO-SCLEROSIS (CARDIO-VASC. SYSTEM) (2 YEARS)  
HYPERTENSION  
CHRONIC INTERSTITIAL NEPHRITIS

Name of operation NONE Date of NONE  
What test confirmed diagnosis? LAB-CHEMICAL 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? NO  
If so, specify \_\_\_\_\_

(Signed) Hermon J. Thoms, M. D.  
(Address) 676 Rockhop Bldg Sel Vi. 0984

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.

