APR 8 1937

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

Do not use this space.

9669
1386

1. PLACE OF DEATH
County Jackson — Registration District No. — File No.
Township Kaw — Primary Registration District No. — Registered No.
City Kansas City, Mo. (No. General Hospital 1 St. Ward)

2. FULL NAME James Thomas Stone 2
(a) Residence, No. 4443 Eaton, Kansas City, Kan. 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: 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: Bernece May Stone

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 30, 1891

7. AGE: 9 — YEARS: 45 — MONTHS: 7 — DAYS: 19 ~~21~~ — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Garage Owner
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): Missouri

FATHER
13. NAME: John Richard Stone
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

MOTHER
15. MAIDEN NAME: Rachel Abernathy
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

17. INFORMANT (ADDRESS): Mrs. Bernece May Stone, 4443 Eaton, K. C. Kan.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Floral Hills DATE Mar. 23 1937

19. UNDERTAKER (ADDRESS): Gates Funeral Home, 41st & State Line

20. FILED 3-20-1937 M M Crowe asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Mar. 19, 1937

22. I HEREBY CERTIFY That I attended deceased from ....., 19...., to ....., 19....
I last saw h.... alive on ....., 19.... Death is said to have occurred on the date stated above, at 10:05 A.M.
The principal cause of death and related causes of importance were as follows:
Cerebellar hemorrhage — Date of onset
8 2a 1

Other contributory causes of importance:
no

Name of operation ..... Date of .....
What test confirmed diagnosis? Autopsy Was there an autopsy? yes

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) [signature], M. D.
(Address) [signature] 4

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.