

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

Do not use this space.

43931

4834

**JAN 17 1938**

**1. PLACE OF DEATH**

County Jackson Registration District No. 399  
 Townshp. Kaw Primary Registration District No. 1002  
 City Kansas City (No. St. Luke's Hospital) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
 Registered No. \_\_\_\_\_

**2. FULL NAME**

MAX T. STONE  
 (a) Residence, No. 311 Brush Creek Blvd St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode)  
 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. (If nonresident, give city or town and State)

**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 Genevieve Stone

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 5, 1882

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
55 5 25

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

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

10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) Clinton (STATE OR COUNTRY) Missouri

13. NAME Ben Stone

14. BIRTHPLACE (CITY OR TOWN) Illinois (STATE OR COUNTRY)

15. MAIDEN NAME Mary Treadway

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

17. INFORMANT Ben D. Stone (Son) (Mo. (ADDRESS) 311 Brush Creek Blvd., Kansas City)

18. BURIAL, CREMATION, OR REMOVAL Forest Hill Cemetery PLACE Kansas City, Mo. DATE Dec. 2, 1937

19. UNDERTAKER Stine & McClure (ADDRESS) Kansas City, Missouri

20. FILED Dec. 1, 1937 M. M. Crowe, M.D. Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 30, 1937

22. I HEREBY CERTIFY, That I attended deceased from 11/20/37, 1937, to 11/30/37, 1937.

I last saw him alive on 11/20/37, 1937. Death is said to have occurred on the date stated above, at P. 3:15.

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

Punctate local thrombus in coronary artery

Date of onset

11/20/37

Other contributory causes of importance: arteriosclerosis perforated 1920 1937

Name of operation Pertubation Date of 11/24/37  
 What test confirmed diagnosis? Chol. Cult. 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) M. M. Crowe, M. D.  
 (Address) 1500 Prof. Bldg

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.

Every January  
No 289 L