

JAN 15 1938

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

Do not use this space.

1. PLACE OF DEATH

County Buchanan Registration District No. 85  
Township Washington Primary Registration District No. 1001 File No. 44798  
City St Joseph Mo St Joseph Hosp St Joseph Mo Registered No. 1403 (Ward)

2. FULL NAME

Jenny Gladys Stone  
(a) Residence, No. Danana City Mo St. Ward.

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 Fe 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR Married  
(Specify the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Est 1898

7. AGE YEARS 59 MONTHS ? DAYS ? If LESS than 1 day, hrs. or min.

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

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) Unknown

13. NAME Unknown

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Hosp Record (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Danana City Mo DATE Dec 22, 1937

19. UNDERTAKER Werner's Sons (ADDRESS) Danana City Mo

20. FILED Dec 22, 1937 H J Nuttall Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 22, 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 18, 1937 to Dec 22, 1937

I last saw h. RR alive on Dec 22, 1937. Death is said to have occurred on the date stated above, at 10:45 P.m.

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

Multiple Fractures of Skull Date of onset

Other contributory causes of importance: 210 PM

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? accident Date of injury 12-18, 1937

Where did injury occur? Faucett Mo (Buchanan Co) (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. On Highway

Manner of injury Automobile Collision

Nature of injury Multiple Fractures of Skull

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify (Signed) Francis J. Sawyer M. D. (Address) 603 Corby Bldg St Joseph Mo

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.

