

JAN 19 1938

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

Do not use this space.

1. PLACE OF DEATH

County Jackson Registration District No. 398
Township Independence Primary Registration District No. 3019
City Independence (No. _____) St. _____ Ward _____

2. FULL NAME

Stella A. Jones
(a) Residence, No. 227 E Alton 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) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 23-1878

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
59 3 10

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

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) Ontario 5
(STATE OR COUNTRY) Canada

13. NAME Harvey Stafford 5

14. BIRTHPLACE (CITY OR TOWN) Ontario 5
(STATE OR COUNTRY) Canada

15. MAIDEN NAME Victoria York

16. BIRTHPLACE (CITY OR TOWN) Ontario
(STATE OR COUNTRY) Canada

17. INFORMANT Mr. Charles H Jones
(ADDRESS) 227 E Alton

18. BURIAL, CREMATION, OR REMOVAL PLACE woodlawn DATE Dec 5 1937

19. UNDERTAKER Ott & Mitchell
(ADDRESS) Independence, Mo.

20. FILED 12-13-37 H. L. Cook
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-2 1937

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____

I last saw h DeLyson alive on _____, 19____ Death is said to have occurred on the date stated above, at 2:45 P.M.

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

Mitral Stenosis & regurgitation Date of onset _____

Sclerosis of interventricular septum

Other contributory causes of importance: acute heart failure

Name of operation none 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) Glendon DeLyson M. D.

(Address) _____

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.

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File No. _____

Registered No. 392

