

REC'D MAY 22 1939

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

15569
Do not use this space.

1. PLACE OF DEATH
 (a) County Monroe Registration District No. 5-82
 (b) Township _____ Primary Registration District No. 4344
 (c) City Paris (d) Street No. South St Paris, Mo. Registered No. 20
 (e) Length of residence in city or town where death occurred 70 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
 (If death occurred in Hospital or Institution, write its name instead of street and number)

2. PRINT FULL NAME MARtha ANN STONE
 (a) Residence, No. South St. Paris Mo. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

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 OR (OR) WIFE OF Edwin K. Stone

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JUNE 23 1859

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
79 10 5

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. at home
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

FATHER
 12. BIRTHPLACE (CITY OR TOWN) Howard Co., Missouri.
 (STATE OR COUNTRY)
 13. NAME Benj. F. Blanton
 14. BIRTHPLACE (CITY OR TOWN) Howard Co., Mo.
 (STATE OR COUNTRY)

MOTHER
 15. MAIDEN NAME Harriette Young
 16. BIRTHPLACE (CITY OR TOWN) Howard Co., Mo.
 (STATE OR COUNTRY)

17. INFORMANT Mrs George Logue
 (ADDRESS) Norton, Tex.

18. BURIAL, CREMATION, OR REMOVAL
 PLAC Walnut Grove DATE Apr. 30 1939

19. FUNERAL DIRECTOR (NAME) Speed Blaney
 (ADDRESS) Paris Mo.

20. FILED Apr. 28, 1939 F. A. Barnett, M.D.
 (By R. D.) Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 28 1939

22. I HEREBY CERTIFY, That I attended deceased from April 27 1939 to April 28 1939
 I last saw her alive on April 28 1939 Death is said to have occurred on the date stated above, at 1:00 P.M.
 The principal cause of death and related causes of importance were as follows:
acute myocardial infarction Date of onset 4/22/39
hypertension

Other contributory causes of importance:
Arterio-Sclerosis Di. H

Name of operation _____ Date of _____
 What test confirmed diagnosis? no 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 of deceased? no
 If so, specify _____
 (Signed) F. A. Barnett, M.D.
 (Address) Paris, Mo.

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very impo

127b

RECEIVED

District Health Officer No. 10

District File Number 10-39-870

Date Filed MAY 12 1939

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed..... *A. B. Blakey*

Licensed Embalmer No. 2614

P. O. Address Paris, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

13-5-69
Do not use this space.

1. PLACE OF DEATH

(a) County Monroe Registration District No. 382
 (b) Township _____ Primary Registration District No. 4344 Registered No. _____
 (c) City Paris (d) Street No. _____ (If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Martha Ann Stone

(a) Residence, No. _____ St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Wid

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-28-1939

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

22. I HEREBY CERTIFY, That I attended deceased from

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

I last saw h. _____ alive on _____, 19____. Death is said

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
79 10 5-

to have occurred on the date stated above, at _____ m.
 The principal cause of death and related causes of importance were as follows:

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year) _____
 11. Total time (years) spent in this occupation _____

acute inflammation
of the bladder
not known
cause

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

Other contributory causes of importance:
arterio sclerosis

13. NAME

Name of operation _____ 127 Date of _____

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

What test confirmed diagnosis? _____ Was there an autopsy? _____

15. MAIDEN NAME

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.

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

Manner of injury _____
 Nature of injury _____

17. INFORMANT (ADDRESS)

24. Was disease or injury in any way related to occupation of deceased? _____

18. BURIAL, CREMATION, OR REMOVAL

If so, specify Geo. M. Ragdale, M. D.
 (Signed) _____
 (Address) Paris

PLACE _____ DATE _____ 19____

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED _____ 19____

Local Registrar.

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

