REC'D AUG 1 1939

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

26991
Do not use this space.

1. PLACE OF DEATH
(a) County Scott 2
(b) Township Tywappity 1
(c) City Diehlstadt
Registration District No. 818
Primary Registration District No. 3762
Registered No. 76
(d) Street No. ..... St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(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 350 Lee Demarias Stone
(a) Residence, No. Diehlstadt, Mo St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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 OF (OR) WIFE OF: Henry Stone

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb 3rd, 1865

7. AGE: Years 74 | Months 5 | Days 16 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as saw mill, bank, etc. Housewife
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): Baltimore, Maryland

FATHER
13. NAME: Jeremiah Holland ?
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Not Known ?

MOTHER
15. MAIDEN NAME: Demarias Philips ?
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Not Known

17. INFORMANT (ADDRESS): Mrs Albert Stone, Cairo, Ill. 412 35th St

18. BURIAL, CREMATION, OR REMOVAL
PLACE Diehlstadt, Mo DATE 7/21 1939

19. FUNERAL DIRECTOR (NAME) Lair-Nunnelee Funeral Service
(ADDRESS) Charleston, Mo

20. FILED 7-22-1939 J. D. Vernon
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/19 1939

22. I HEREBY CERTIFY That I attended deceased from July 5 1939 to July 19 1939
I last saw h... alive on July 19 1939 Death is said to have occurred on the date stated above, at 1:00p m.
The principal cause of death and related causes of importance were as follows:
Chronic Myocarditis
Date of onset Don't Know
97 C
Other contributory causes of importance:
Name of operation None Date of
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No 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) C. C. Pslonsend, M. D.
(Address) Charleston Mo

(Licensed Embalmer's Statement on Reverse Side)

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.

RECEIVED
District Health Officer No. 2
District File Number 739-95
Date Filed

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, John F. Nunnelee Jr, or by

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

Signed John F. Nunnelee Jr

Licensed Embalmer No. 3851

P. O. Address Charleston 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.