JUL 25 1928

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

Do not use this space.

21019

1. PLACE OF DEATH

County Jasper — Registration District No. 44 — File No.

Township [illegible] — Primary Registration District No. 2002 — Registered No. 285

City Joplin (No. ..... St. ..... Ward)

2. FULL NAME Mary Frances Stoneman

(a) Residence. No. 1330 Byers St., ... Ward. (If nonresident give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 22 1844

7. AGE — YEARS 84 — MONTHS — DAYS — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work House wife
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) ..... (STATE OR COUNTRY) Ill

PARENTS

10. NAME OF FATHER Joyner Pyles
11. BIRTHPLACE OF FATHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Ill
12. MAIDEN NAME OF MOTHER Vina Thomas
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ..... (STATE OR COUNTRY) unknown

14. INFORMANT Robert Hutchinson (Address) Joplin Mo

15. FILED 6/23, 1928 Bill Benson Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 22 1928

17. I HEREBY CERTIFY, That I attended deceased from Mar 14, 1928 to June 22, 1928 that I last saw her alive on June 22, 1928, and that death occurred, on the date stated above, at 1:40 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Arterio Sclerosis

97 (duration) 3 yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) ..... (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? .....

8 DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) R. B. Tyler, M. D

, 19 (Address) Joplin, Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Mt. Hope — DATE OF BURIAL 6/25 1928

20. UNDERTAKER Anderson Stud Co — ADDRESS Joplin

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.