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

Do not use this space.

31390

1. PLACE OF DEATH
County: Ray
Registration District No.: 740
Township:
Primary Registration District No.: 4442
City: Hardin (No. ..... St. ..... Ward)

File No.:
Registered No.: 70

2. FULL NAME: Ann Elizabeth Stone
(a) Residence. No. ..... 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White	Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Mar. 23 - 1857

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	71	5	13	

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

9. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY): Missouri

PARENTS
10. NAME OF FATHER: Jonathan M. Carter
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY): New York
12. MAIDEN NAME OF MOTHER: Susan H. Harrison
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY): Kentucky

14. INFORMANT: Mrs. Wm. Wingenter
(Address): Hardin, Mo.

15. FILED: Sep. 7, 1928 Jno. W. Knipschild, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR): Sept 6 1928

17. I HEREBY CERTIFY, That I attended deceased from Sept. 6, 1928, to Sept. 6, 1928, that I last saw her alive on Sept. 6, 1928, and that death occurred, on the date stated above, at 7 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Unknown - Probaly Embolism - died suddenly - Pain in chest, Cold Sweat, Hyspnea - Prostration and died suddenly - Pulse very good -
(duration) yrs. mos. 1 hour

CONTRIBUTORY (SECONDARY): Arterio-Sclerosis
(duration) several yrs. — mos. — ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) Marvin Grimes, M. D.
, 19 (Address) Hardin, 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	DATE OF BURIAL
Mt Washington K.C.M	Sep. 8 - 1928
20. UNDERTAKER	**ADDRESS**
Jno W Knipschild	Hardin Mo

7 1928.
INFORMANT 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.