

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

Do not use this space.

1269

**1. PLACE OF DEATH**

County Jackson Registration District No. \_\_\_\_\_  
Township Kaw Primary Registration District No. \_\_\_\_\_  
City Kansas City (No. St. Marys Hospital)

File No. \_\_\_\_\_  
Registered No. 100  
St. \_\_\_\_\_ Ward) \_\_\_\_\_

**2. FULL NAME**

La Verne Elton Stone  
(a) Residence No. 211 Hummerway Ward. \_\_\_\_\_  
(Usual place of abode) KC 5  
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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>M.</u>	4. COLOR OR RACE <u>W.</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <input checked="" type="checkbox"/>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Jan 3-1931</u>		
7. AGE YEARS	MONTHS	DAYS
		<u>4</u>
If LESS than 1 day, _____ hrs. or _____ min.		

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Mechanic  
(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)**

Kansas City  
Mo

PARENTS

10. NAME OF FATHER Cloyd Stone  
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Merion Co., Iowa  
12. MAIDEN NAME OF MOTHER Gladys Lutz  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Mo

**14. INFORMANT**

Cloyd Stone  
(Address) 211 Hummerway St. W. P. No.

**15. DATE**

Jan 8 31 1931 M. M. Kerow  
REGISTRAR  
Ass

**3 MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1-7 1931

17. I HEREBY CERTIFY, That I attended deceased from Jan 3rd, 1931, to Jan 7, 1931, that I last saw him alive on Jan 7, 1931, and that death occurred, on the date stated above, at 8:35 a m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Lobular pneumonia

(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 3 ds.  
CONTRIBUTORY umbilical Hernia  
(SECONDARY)  
(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

**18. WHERE WAS DISEASE CONTACTED**

IF NOT AT PLACE OF DEATH \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? yes DATE OF Jan 3, 1931  
WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS? Autopsy  
(Signed) P. M. M. M. M. M. D.

1-7 1931 (Address) 574 S. 11th St. W. P. No.

\*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**

Highland Park 1-8 1931

**20. UNDERTAKER**

**ADDRESS**

Gibson Son 12. C. K.

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.

