

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

Do not use this space.

FEB 25 1935

1726

1. PLACE OF DEATH

County Jasper Registration District No. 409
 Township Joplin Primary Registration District No. 409
 City Joplin (No. Garden Grove 3561 A) St. _____ Ward _____

File No. _____
 Registered No. 1
 St. _____ Ward _____

2. FULL NAME Anna Lee Stoner

(a) Residence, No. _____ Ward _____
 (Usual place of abode) Garden Grove, Mo. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 16 yrs. 4 mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 6 1869

7. AGE YEARS 65 MONTHS 2 DAYS 2 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation 2

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

13. NAME John Lowe

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

15. MAIDEN NAME Frances Lindsey

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

17. INFORMANT (ADDRESS) Mrs Joe Conkerton

18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Park DATE Jan 8th 1935

19. UNDERTAKER (ADDRESS) Ampher Mortuary

20. FILED 1/27/35 19 W J Goddard Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 8th 1935

22. I HEREBY CERTIFY That I attended deceased from Oct 1st 1934 to Dec 23 1934

I last saw her alive on Dec 23rd 1934. Death is said

to have occurred on the date stated above, at 1:15 a.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma Uterus.

Other contributory causes of importance: Uterus

Name of operation none Date of _____

What test confirmed diagnosis? Medical 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? No
 If so, specify _____

(Signed) A. N. Wincheson, M. D.

(Address) 620 Main Joplin Mo.

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.

WHITE PAPER, WITH UNFADING INK—THIS IS A PERMANENT RECORD

