

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

PLACE OF DEATH

County Boone,
Columbia
Township _____
or
Village Country
or
City _____ (NO. _____) St. _____ Ward _____

Registration District No. 73 File No. 16220
Primary Registration District No. 5112 Registered No. 67

(If death occurred in a hospital or institution, give its NAME instead of street and number)

FULL NAME Mr, R.P. Stone

PERSONAL AND STATISTICAL PARTICULARS

SEX Male COLOR OR RACE White SINGLE MARRIED WIDOWED OR DIVORCED Married
(Write the word)

DATE OF BIRTH Nov, 9th, 1844
(Month) (Day) (Year)

AGE 67 yrs. 2 mos. 27 ds. IF LESS than 1 day, ____ hrs. or ____ min.?

OCCUPATION (a) Trade, profession, or particular kind of work Farming
(b) General nature of industry, business, or establishment in which employed (or employer) 1-02

BIRTHPLACE (City or town, State or foreign country) Boone Co, Missouri

PARENTS
NAME OF FATHER Thomas Stone,
BIRTHPLACE OF FATHER (City or town, State or foreign country) Ky.
MAIDEN NAME OF MOTHER Dont now
BIRTHPLACE OF MOTHER (City or town, State or foreign country) dont know

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Ben Stone
Ben Stone

(ADDRESS) Columbia Mo RP

Filed May 13 1912 AW Kaufmann
REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb, 15, th, 1912
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Feb. 15-, 1912, to Feb. 14-, 1912, that I last saw him alive on Feb. 14-, 1912, and that death occurred, on the date stated above, at 2:04 m.

THE CAUSE OF DEATH* was as follows:
Brought to disarray with
probable heart
failure
131 (Duration) Several yrs. ____ mos. ____ ds.

Contributory 115 Grip
(SECONDARY) (Duration) ____ yrs. ____ mos. ____ ds.
(Signed) W. P. Dussart M. D.
2-19- 1912 (Address) Columbia Mo

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death ____ yrs. ____ mos. ____ ds. In the State ____ yrs. ____ mos. ____ ds.

Where was disease contracted if not at place of death?
Former or usual residence _____

PLACE OF BURIAL OR REMOVAL Olivet Church DATE OF BURIAL Feb 16 1912

UNDERTAKER Parker Furn, Co. ADDRESS Columbia

PRINTED IN 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.

Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritonaeum*, etc., *Carcinoma*, *Sar-*

coma, etc., of _____ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)



REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

PLACE OF DEATH

County

Boone

Township

Columbia

Registration District No.

73

File No.

or
Village

Primary Registration District No.

5112

Registered No.

67or
City

(NO.

St.:

Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

FULL NAME

Mr. K. P. Stone

PERSONAL AND STATISTICAL PARTICULARS

SEX

m

COLOR OR RACE

wSINGLE
MARRIED
WIDOWED
OR DIVORCED
(Write the word)m

DATE OF BIRTH

Nov. 9

(Month)

(Day)

1844

(Year)

AGE

67 yrs. 2 mos. 27 ds.If LESS than
1 day, _____ hrs.
or _____ mins.

OCCUPATION

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

farming

(b) General nature of industry, business, or establishment in which employed (or employer)

BIRTHPLACE

(City or town, State or foreign country)

Boone Mo.PARENTS
NAME OF FATHERThomas StoneBIRTHPLACE OF FATHER
(City or town, State or foreign country)Mo. Ky.

MAIDEN NAME OF MOTHER

AnnBIRTHPLACE OF MOTHER
(City or town, State or foreign country)Mo.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Ben Stone

(ADDRESS)

Columbia Mo R.R.

Filed

9/27

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W. K. Kumpchuck

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH

Feb 15

(Month)

(Day)

1912
(Year)I HEREBY CERTIFY, that I attended deceased from Feb 15, 1912, to Feb 14, 1912,that I last saw him alive on Feb 14, 1912,and that death occurred, on the date stated above, at 22 m.

The CAUSE OF DEATH* was as follows:

Chronic Brights disease with probable heart failure.(Duration) several yrs. several mos. several ds.Contributory grippe

(SECONDARY)

(Duration) _____ yrs. _____ mos. _____ ds.

(Signed) K. P. Dyson M. D.3/19, 1912 (Address) Columbia Mo.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death _____ yrs. _____ mos. _____ ds. State _____ yrs. _____ mos. _____ ds.

Where was disease contracted if not at place of death?

Former or usual residence.

PLACE OF BURIAL OR REMOVAL

Oliver Church

DATE OF BURIAL

Feb. 16, 1912

UNDERTAKER

Packer Fur Co

ADDRESS

Columbia Mo.Original file, date MAY 19, 1912 All information called for must be written on this Supplementary Certificate.

MARGIN RESERVE THIS IS A PERMANENT RECORD

V. S. No. 2.

WRITE

WRITING IN BOLD CAPITAL LETTERS SHOULD BE EXACTLY AS STATED. OCCUPATION IS VERY IMPORTANT.

Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health
Association]

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Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc. of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*;

10220
Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthemia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicaemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)