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

Do not use this space.

34600

1. PLACE OF DEATH

County: Osage — Registration District No.: 639

Township: Benton — Primary Registration District No.: 4383

City: Chamois Mo. (No. ..... St. ..... Ward)

File No. .....

Registered No. .....

2. FULL NAME William Rudolph Stonner

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

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*)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) ~~WIFE OF~~ Ettie Stonner

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 19, 1862

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	67	8	21	

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

9. BIRTHPLACE (CITY OR TOWN) Mont Hill
(STATE OR COUNTRY) Osage Co. Mo

PARENTS

10. NAME OF FATHER Frank Stonner

11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Germany

12. MAIDEN NAME OF MOTHER Caroline Meyer

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Germany

14. INFORMANT Ralph D Stonner
(Address)

15. FILED 10/4, 1929 Esther Sonder
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 10th 1929

17. I HEREBY CERTIFY, That I attended deceased from 7/10th, 1929, to 10/10th, 1929, that I last saw h. alive on 7/10th, 1929, and that death occurred, on the date stated above, at unknown m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Angina Pectoris

..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) .....

..... (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED .....

IF NOT AT PLACE OF DEATH .....

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

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) W. D. Towning, M. D.

, 19 (Address) Chamois 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
Stonner Cemetery Chamois, Mo.	10/13, 1929
20. UNDERTAKER	**ADDRESS**
Fred A. Engelage	Chamois, Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.