MAR 25 1931

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

Do not use this space.

5303

1. PLACE OF DEATH
County Jackson — Registration District No. 398 — File No.
Township Blue — Primary Registration District No. 5554 — Registered No. 82
City Independence (No. 1021 Glenwood St. Ward)

2. FULL NAME Nathan H. Stone
(a) Residence. No. 1021 Glenwood 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)
M.	W.	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Marcella A. Ston

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 4-1867

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	63	6	13	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Salesman 17
(b) General nature of industry, business, or establishment in which employed (or employer) Gen. Motor Truck Co.
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.

PARENTS
10. NAME OF FATHER Nathan Stone
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Ill.
12. MAIDEN NAME OF MOTHER no record
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) no record 31

14. INFORMANT Marcella A. Stone
(Address) 1021 Glenwood Ave.

15. FILED 2-25 1931 F L Cook MD REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 24 1931

17. I HEREBY CERTIFY, That I attended deceased from Feby 22 1931, to Feby 24 1931, that I last saw him alive on Feby 24 1931, and that death occurred, on the date stated above, at 7 45 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute Lobar Pneumonia
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) none
(duration) yrs. mos. ds.

108

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY? (1)
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Chas E Nickson, M. D.
2/25, 1931 (Address) Indep 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	Feb. 26 1931
20. UNDERTAKER	ADDRESS
Mrs. C. L. Forster	K. C. 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.