

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.
 JAN 19 1932

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

Do not use this space.

40100

1. PLACE OF DEATH

County Bates Registration District No. 50
 Township _____ Primary Registration District No. 3004
 City Butler (No. _____) St. _____ Ward _____

File No. _____
 Registered No. 88

2. FULL NAME

Charles Thomas Stone
 (a) Residence, No. _____ St. _____ Ward _____
 (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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF <u>ms stone</u> (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct 11, 1870</u>		
7. AGE YEARS <u>61</u>	MONTHS <u>2</u>	DAYS <u>5</u>
If LESS than 1 day, _____ hrs. or _____ min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Employee</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Mo Pacific R.R. Co</u>	
	10. Date deceased last worked at this occupation (month and year) <u>Nov 1, 1931</u>	
11. Total time (years) spent in this occupation <u>43 yrs</u>		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mapleton Kansas</u>		
FATHER	13. NAME <u>George Stone</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tennessee</u>	
MOTHER	15. MAIDEN NAME <u>Betty Tuppin</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>	
17. INFORMANT <u>Therme Stone</u> (ADDRESS) <u>Kansas City Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Pleasant Kansas</u> DATE <u>Dec. 19, 1931</u>		
19. UNDERTAKER <u>Culver</u> (ADDRESS) <u>Butler Mo.</u>		
20. FILED <u>Dec 19, 1931</u> <u>Nine & Culver</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 16, 1931

22. I HEREBY CERTIFY, that I attended deceased from Sept 20th 31, to Dec 16th 31

I last saw him alive on Dec 16th, 1931. Death is said to have occurred on the date stated above, at 9:15 P

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

Date of onset _____

Other contributory causes of importance: _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ 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? _____
 If so, specify _____
 (Signed) L. J. LaHue, M. D.
 (Address) Butler, Mo

