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.

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

Do not use this space.

18788

1. PLACE OF DEATH

County Buchanan — Registration District No. 85 — File No.

Township — Primary Registration District No. 1001 — Registered No. 626

City St. Joseph (No. Metropole Hotel St. Ward)

2. FULL NAME Paul William Stone

(a) Residence, No. Metropole Hotel 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. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) February 13, 1932

7. AGE: YEARS 0 — MONTHS 4 — DAYS 18 — If LESS than 1 day, ... hrs. or ..... min.

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) San Diego California

FATHER
13. NAME George J Stone
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sheps Corners New York

MOTHER
15. MAIDEN NAME Morales Lolita
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ventura ~~Colo.~~ Cali

17. INFORMANT (ADDRESS) Geo. J. Stone Metropole Hotel St Joseph Mo.

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Mt. Olivet Cemetery
PLACE St. Joseph Mo. DATE June 27 1932

19. UNDERTAKER (ADDRESS) H. O. Sidenfaden 1802 Union st St. Joseph Mo.

20. FILED JUN 27 1932 John R Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 26, 1932

22. I HEREBY CERTIFY, That I ~~attended deceased from~~ viewed remains ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 4 A m.

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

Broncho Pneumonia following acute cold — Date of onset: 10

(5) 107A

Other contributory causes of importance: none 104A 107A

Name of operation no — Date of

What test confirmed diagnosis? History — Was there an autopsy no

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? no
If so, specify

(Signed) B. W. Tadlock Coroner, M. D.
(Address) 821 Francis