

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

Do not use this space.

18990

1. PLACE OF DEATH  
 22 County Lebanon Registration District No. 184  
 Township Linley Primary Registration District No. 5255  
 City Clarksville (No. \_\_\_\_\_) St. \_\_\_\_\_ (Ward \_\_\_\_\_)

2. FULL NAME Oliver Stone  
 (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 male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF Oliver Stone OR WIFE OF Oliver Stone

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 12 1875

7. AGE YEARS 56 MONTHS 10 DAYS 16 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

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

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) Mo. (STATE OR COUNTRY) 1

FATHER 13. NAME M. S. Stone

14. BIRTHPLACE (CITY OR TOWN) Ohio (STATE OR COUNTRY) 2

MOTHER 15. MAIDEN NAME Mary Keller

16. BIRTHPLACE (CITY OR TOWN) Ohio (STATE OR COUNTRY) \_\_\_\_\_

17. INFORMANT Mrs. Emma Whittington (ADDRESS) Clarksville Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Richwood COUNTY Clark DATE June 2 1932

19. UNDERTAKER T. B. Chaffin (ADDRESS) Clarksville Mo.

20. FILED July 1 1932 Rich Harrison Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 6 1932

22. I HEREBY CERTIFY That I attended deceased from May 29, 1931, to May 5, 1932

I last saw him alive on June 5, 1932. Death is said

to have occurred on the date stated above, at 8:30 a.m. The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia

Date of onset May 25

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Other contributory causes of importance: \_\_\_\_\_

Name of operation none Date of \_\_\_\_\_

What test confirmed diagnosis? none 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) R. R. Farthing, M. D.

(Address) Clark 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

