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

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.

NOV 21 1932

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

Do not use this space.

1. PLACE OF DEATH

County Audrain — Registration District No. 26 — File No. 31329

Township Saltriver — Primary Registration District No. 3002 — Registered No. 111

City Mexico Mo (No. ..... , ... St. ..... Ward)

2. FULL NAME Robert Stoner

(a) Residence, No. 703 Breckenridge St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 7 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 Negro

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown

7. AGE Unknown Years 85 Months Unknown Days — If LESS than 1 day, ... hrs. or ..... min.

Very old

OCCUPATION

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

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) 7

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Unknown 31

FATHER

13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Unknown

17. INFORMANT (ADDRESS) W. Stoner 703 Breckenridge, Mexico Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Sante Fe DATE 10/2/ 1932

19. UNDERTAKER (ADDRESS) A. L. Reynolds Jr. 616 E. Railroad St, Mexico, Mo.

20. FILED Oct 1 1932 Ira S Milligan Registrar.

MEDICAL CERTIFICATE OF DEATH

2

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10 - 1 , 1932

22. I HEREBY CERTIFY, That I attended deceased from 9 - 25 - , 1932, to 10 - 1 - , 1932

I last saw him alive on 10 - 1 - , 1932 Death is said to have occurred on the date stated above, at 8 30 m.

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

Myocarditis

Aortitis

93D

Other contributory causes of importance:

99B

93D

Date of onset

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) H. J. Ector , M. D.

(Address) Mexico Mo.