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.

JUN 21 1933

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

Do not use this space. 8856 ~~2~~B

1. PLACE OF DEATH
22 County Christian — Registration District No. 185 — File No.
Township Linden — Primary Registration District No. 5259 — Registered No.
City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME Brown (Bob) 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 ~~(OR) WIFE OF~~ Caldonia Stone

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 15 - 1848

7. AGE: YEARS 84 — MONTHS 4 — DAYS 25 — If LESS than 1 day, ... hrs. or ..... min.

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

FATHER
13. NAME R. A Stone
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER
15. MAIDEN NAME "
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) "

17. INFORMANT (ADDRESS) Ben Stone Rogersville Mo. R.R.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Linden Cemetery DATE Mar 13, 1933

19. UNDERTAKER (ADDRESS) B. C. Kleffner Ozark Mo

20. FILED 6-8, 1933 Mrs. L. B. Clemens Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 12, 1933

22. I HEREBY CERTIFY, That I attended deceased from Mar 1st, 1933, to Mar 12, 1933
I last saw him alive on Mar 12, 1933. Death is said to have occurred on the date stated above, at 10 A.m.
The principal cause of death and related causes of importance were as follows:

Flue pneumonia — Date of onset
11A
16 [illegible]

Other contributory causes of importance: Old age.

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) J C Young, M. D.
(Address) Ozark Mo.