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

Do not use this space.

16572

File No. 1 Registered No. 2063

1. PLACE OF DEATH
County: Jackson
Township: Kaw
City: K.C.Mo. (No. 7633 Washington St. Ward)
Registration District No. 399
Primary Registration District No. 1002

2. FULL NAME: Gilbert Franklin Stoneburner

(a) Residence, No. 7633 Washington 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: Lizzie J. Stoneburner

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Apr. 1, 1857

7. AGE: Years 76 | Months 1 | Days 11 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired 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): Hartford, Iowa

FATHER
13. NAME: Franklin Stoneburner
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Virginia

MOTHER
15. MAIDEN NAME: Hannah Nunley
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): Mrs. Lizzie J. Stoneburner 7633 Washington, K.C.Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Butler, Mo. DATE: May 14, 1933

19. UNDERTAKER (ADDRESS): R.V.Lindsey & Sons, Inc. 3811 Broadway, K.C.Mo.

20. FILED: 5-12, 1933 M.M. Crowe asst Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from May 1st, 1933, to May 12, 1933. I last saw him alive on May 11, 1933. Death is said to have occurred on the date stated above, at 4 AM m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
ascites	
2d. 92a	

Other contributory causes of importance: intestinal regurgitation

Name of operation: none Date of: none
What test confirmed diagnosis? Symptoms Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no Date of injury: no, 1933
Where did injury occur? none (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. none
Manner of injury: none
Nature of injury: none

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify: none

(Signed) J. F. Mackey, M. D.
(Address) 1 of Bedford Kansas City, 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 INDELIBLE INK—THIS IS A PERMANENT RECORD

mackey