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.

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

Do not use this space.

36051

1. PLACE OF DEATH

27 County Cooper — Registration District No. 218 — File No. 97

2 Township — Primary Registration District No. 3015 — Registered No.

4 City Boonville (No. ..... St. ..... Ward)

2. FULL NAME John Stone

(a) Residence, No. ..... 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. 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) August 4th 1860

7. AGE YEARS 73 MONTHS 3 DAYS 15 If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Inmate County Home Farm 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) 1929 — 11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Carral Co. Carrolton Mo.

FATHER

13. NAME Wm H. Stone

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

MOTHER

15. MAIDEN NAME Ellen Alexander

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Montreau Co Missouri

17. INFORMANT (ADDRESS) Kelly Stone Boonville Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Walnut Grove DATE Nov. 20th 1933

19. UNDERTAKER (ADDRESS) Schwitzky Warnhoff Boonville Mo.

20. FILED Nov 20 1933 Dr R W Bozworth Registrar.

## 2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 19th 1933

22. I HEREBY CERTIFY, That I attended deceased from March 31, 1933, to Nov 18, 1933

I last saw him alive on Nov 18, 1933. Death is said to have occurred on the date stated above, at ..... m.

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

| | Date of onset |
|---|---|
| Arteriosclerosis | 1923 |
| 108 | |
| 97 | |
| Other contributory causes of importance: | |
| Lobar Pneumonia | Nov 15 1933 |

9 Name of operation — Date of —

What test confirmed diagnosis? clinical 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? .....

If so, specify .....

(Signed) J. C. Tincher, M. D.

(Address) Boonville, Mo.