

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

Do not use this space.

**1. PLACE OF DEATH**

County Buchanan Registration District No. 26  
 Township Washington Primary Registration District No. 5127  
 City \_\_\_\_\_ (No. 1 1/2 Miles E Highway 169) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. 8211  
 Registered No. 26

**2. FULL NAME** Clement O. Stone

(a) Residence, No. RFD #4 St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 47 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>divorced</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mamie Stone</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 16, 1867</u>		
7. AGE YEARS <u>67</u>	MONTHS <u>8</u>	DAYS <u>25</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Carpenter</u>		
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) <u>February 1935</u>		11. Total time (years) spent in this occupation <u>47 yrs</u>

12. BIRTHPLACE (CITY OR TOWN) Elwood  
 (STATE OR COUNTRY) Kansas

13. NAME John R. Stone

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

15. MAIDEN NAME Ermine Vigus

16. BIRTHPLACE (CITY OR TOWN) Un. known  
 (STATE OR COUNTRY) Kentucky

17. INFORMANT Mrs. W. D. Stigers  
 (ADDRESS) R R # 4 - St. Joseph Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Joseph Mem. DATE March 12, 35

19. UNDERTAKER Heaton, Be Gole & Bowman  
 (ADDRESS) St. Joseph Mo.

20. FILED March 12 1935  
[Signature]  
 Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 11, 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb. 8, 1934, to March 5, 1935.  
 I last saw him... alive on March 5, 1935. Death is said to have occurred on the date stated above, at 2:30 P.M.

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

chronic myocarditis  
chronic arteriosclerosis  
 Date of onset \_\_\_\_\_

Other contributory causes of importance:  
none

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? no 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) Albert H. Muench, M. D.  
 (Address) 215 P. O. Box St. Joseph Mo.

WHITE 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.

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