

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.

SEP 26 1935

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

Do not use this space.

28482

**1. PLACE OF DEATH**

County Janey Registration District No. 861 File No. \_\_\_\_\_  
 Township \_\_\_\_\_ Primary Registration District No. 6132 Registered No. 15  
 City \_\_\_\_\_ (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Harry E. 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 14 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

**3. SEX** Male **4. COLOR OR RACE** white **5. SINGLE, MARRIED, WIDOWED OR DIVORCED** single  
 (write the word)  
**5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF** \_\_\_\_\_  
**6. DATE OF BIRTH (MONTH, DAY AND YEAR)** June 30, 1868  
**7. AGE** YEARS MONTHS DAYS **IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.**  
67 1 1  
**8. OCCUPATION OF DECEASED**  
 (a) Trade, profession, or particular kind of work Painter  
 (b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
 (c) Name of employer \_\_\_\_\_

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH (MONTH, DAY AND YEAR)** August 1 1935  
**17.** I HEREBY CERTIFY, That I attended deceased from Aug 1st, 1935, to Aug 1st, 1935  
 that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred, on the date stated above, at \_\_\_\_\_ m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**  
Saw falling after death  
accomplish diagnosis  
malfunction  
 \_\_\_\_\_ yrs. mos. da.

**CONTRIBUTORY (SECONDARY)**  
 \_\_\_\_\_ (duration) yrs. mos. da.

**18. WHERE WAS DISEASE CONTRACTED**  
 IF NOT AT PLACE OF DEATH \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_  
 WAS THERE AN AUTOPSY? \_\_\_\_\_

**WHAT TEST CONFIRMED DIAGNOSIS?**  
 (Signed) J. H. ... M. D.  
 , 19\_\_\_\_ (Address) Franklin, Mo.

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

**9. BIRTHPLACE (CITY OR TOWN)** \_\_\_\_\_  
 (STATE OR COUNTRY) Leavenworth, Kan.  
**10. NAME OF FATHER** Jeff Stone  
**11. BIRTHPLACE OF FATHER (CITY OR TOWN)** \_\_\_\_\_  
 (STATE OR COUNTRY) Kentucky  
**12. MAIDEN NAME OF MOTHER** Clark  
**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)** \_\_\_\_\_  
 (STATE OR COUNTRY) Kentucky

**14. INFORMANT** C. d. Stone  
 (Address) Forsyth, Missouri

**15. FILED** 8/12 1935 Irene Brown  
 REGISTRAR

**19. PLACE OF BURIAL, CREMATION, OR REMOVAL** Forsyth Cemetery **DATE OF BURIAL** Aug 3 1935

**20. UNDERTAKER** H. O. Wheeler **ADDRESS** Branson, Missouri  
Thornhill

