

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

Do not use this space.

21985

1. PLACE OF BIRTH

County Boone
Township
City Columbia

Registration District No. 73
Primary Registration District No. 3006

File No.
Registered No. 184
St. Ward

2. FULL NAME

George Riley Stone
(a) Residence No. 304 Monroe St. Ward.

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M.</u>	4. COLOR OR RACE <u>W.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mary Stone</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>10-30-1856</u>				
7. AGE	YEARS <u>79</u>	MONTHS <u>7</u>	DAYS <u>22</u>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as splaner, sawyer, bookkeeper, etc. <u>Day Laborer</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>c</u>			
	10. Date deceased last worked at this occupation (month and year) <u>v</u>			
				11. Total time (years) spent in this occupation <u>c</u>

MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>
	13. NAME <u>William Stone</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>
	15. MAIDEN NAME <u>Sallie Jones</u>
FATHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>
	17. INFORMANT <u>Sarah Neal</u> (ADDRESS) <u>Columbia, Mo.</u>
	18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Rocky Fork</u> DATE <u>6-23</u> 19 <u>36</u>
19. UNDERTAKER (ADDRESS) <u>Porter F. Co. 2077</u> <u>Columbia Mo.</u>	
20. FILED <u>6/23/1936</u> <u>Allie Selby</u> Registrar.	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 22 - 1936

22. I HEREBY CERTIFY that I attended deceased from June 21 1936 to 6-22 1936

I last saw him alive on 6-22 1936 Death is said to have occurred on the date stated above, at 8 P. m.

The principal cause of death and related causes of importance were as follows:
Chronic Myocarditis
Paralysis Date of onset

Other contributory causes of importance:
General Atherosclerosis

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

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) Stephen D. Smith M. D.
(Address) Columbia Mo.

1950
FEB 24 1950

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

Do not use this space.

1. PLACE OF DEATH

County Boone
Township
City Columbia (No.)

Registration District No. 73
Primary Registration District No. 3006

File No.
Registered No. 184
St. Ward)

2. FULL NAME

George Riley Stone

(a) Residence, No. Ward.
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE YEARS MONTHS DAYS If LESS than 1 day hrs. min.
79 7 22

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

13. NAME

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

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19...

19. UNDERTAKER (ADDRESS)

20. FILED 8/11/1936 Allie Selby Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 22, 1936

22. I HEREBY CERTIFY, That I attended deceased from, 19....., to, 19.....

I last saw h..... alive on, 19..... 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:

Chronic Myocarditis
paralysis
Cerebral Hemorrhage

Other contributory causes of importance:

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 Stephen D. Smith, M. D.

(Signed) Columbia (Address)

SUPPLEMENTARY

S-21985

RECEIVED
FEB 10 1985
FBI - MEMPHIS