

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

Do not use this space.

1939 APR 21 1939

10499

1. PLACE OF DEATH

County Christian
Township McCraw

Registration District No. 184
Primary Registration District No. 6252

File No. _____
Registered No. 10 St. _____ Ward _____

2. FULL NAME Sam Stone

(a) Residence, No. _____ St., _____ 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 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 OR Nezzie Stone

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 25th 1864

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>74</u>	<u>11</u>	<u>9</u>	

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

13. NAME Johnathan Stone

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

15. MAIDEN NAME Lige Melton

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

17. INFORMANT Mrs Nezzie Stone
(ADDRESS) State mo, RR

18. BURIAL, CREMATION, OR REMOVAL
PLACE Lucas DATE Feb 5th 1939

19. UNDERTAKER T. B. Chebbins
(ADDRESS) Lucas

20. FILED Mchs 5 1939
Laetta Leonard Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 4 1939

22. I HEREBY CERTIFY, That I attended deceased from March, 1928, to Feb 4, 1939

I last saw him alive on Feb 3, 1939. Death is said to have occurred on the date stated above, at 4 P.m.

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

Hypertensive Cardia
vascular Renal
Disease Right
Thromboplegia March 1928

Date of onset 1928

Other contributory causes of importance:
Cerebral thrombosis
Coronary Death

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 _____

(Signed) C. B. Perkins M. D.
(Address) 318 1/2 College
Springfield
MO.

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.

RECEIVED

District Health Officer No. 6,

District File Number 6-39-898

Date Filed APR 14 1920