

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

Do not use this space.

37598

**1. PLACE OF DEATH**

County RAY  
Township RICHMOND  
City RICHMOND (No. \_\_\_\_\_)

Registration District No. 144  
Primary Registration District No. 3035

File No. \_\_\_\_\_  
Registered No. 73  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** GEORGE H 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 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) Widowed  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mollie Stone  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 23 1843  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
90 5 13

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Real Estate Ins.  
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) Utica Mo

MOTHER 13. NAME Geo. Stone

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

15. MAIDEN NAME Susan Berry

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

17. INFORMANT W. S. Gluntt (ADDRESS) Richmond Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Richmond MO DATE 11/8/33 19.

19. UNDERTAKER E. M. Young (ADDRESS) Richmond Mo

20. FILED 11-10 19. 33 E. E. Day Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11/6/33 1933  
22. I HEREBY CERTIFY, That I attended deceased from 11-1- 1933 to 11-6- 1933  
I last saw him alive on 11-3- 1933 Death is said to have occurred on the date stated above, at 11:47 A.M.  
The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis  
Arterio Sclerosis  
Other contributory causes of importance: \_\_\_\_\_  
Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Cluich 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? No  
If so, specify \_\_\_\_\_  
(Signed) E. E. Day M. D.  
(Address) Richmond

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.

NOV 10 1933

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WRITE PLAINLY, WITH CAPITALS, WITH SPACING, AND THIS IS VERY IMPORTANT.

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