23 1929

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

Do not use this space.

9704

85

1. PLACE OF DEATH

County Buchanan — Registration District No. 1001 — File No.

Township — Primary Registration District No. — Registered No. 414

City St Joseph, Mo. (No. Ambulance On Way To Hospital St. Ward)

2. FULL NAME Alonza E. Stone

(a) Residence. No. 2320 Circle Drive 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 6, 1885

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	43	8	20	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Leavenworth, (STATE OR COUNTRY) Kansas

PARENTS

10. NAME OF FATHER Jesse N. Stone

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Platte Co (STATE OR COUNTRY) Missouri

12. MAIDEN NAME OF MOTHER Mary Beery

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Platte City (STATE OR COUNTRY) Missouri

14. INFORMANT James C. Stone (Address) St Joseph, Missouri

15. FILED MAR 28 1929 19 John G. Fitz REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 26 1929

17. I HEREBY CERTIFY, That I viewed deceased from xMarchx28, 1929, to ....., 19.... that I last saw h..... alive on ....., 19.... and that death occurred, on the date stated above, at 3:30 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Accidental Pistol Shot Injury
Self Inflicted at Union Depot

184 (duration) ....yrs. ....mos. ....ds. 171

CONTRIBUTORY (SECONDARY) 183 (duration) ....yrs. ....mos. ....ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) B. W. Tadlock Coroner, M. D.

3/28, 1929 (Address) St. Joseph, Missouri

*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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Ashland	Mar. 29, 1929
20. UNDERTAKER	ADDRESS
Fleeman Funeral Home	1208 Francis

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.