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

Do not use this space. 17707 a

1. PLACE OF DEATH
County Dorrens — Registration District No. 253 — File No. 7
Township — Primary Registration District No. 5353 — Registered No.
City Lock Springs (No. ... St. ... Ward)

2. FULL NAME David F Stone
(a) Residence. No. ... St., ... Ward. ... (If nonresident give city or town and State)
(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.

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 OF: Annie Stone
6. DATE OF BIRTH (MONTH, DAY AND YEAR): Feb. 22-1845
7. AGE: Years 84 — Months 2 — Days 18 — If LESS than 1 day, ... hrs. or ... min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Retired
(b) General nature of industry, business, or establishment in which employed (or employer): —
(c) Name of employer
9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ind.
PARENTS
10. NAME OF FATHER: Armistead Stone
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Ind.
12. MAIDEN NAME OF MOTHER: Elizabeth McBrow
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): N. C.
14. INFORMANT: Mrs N. A. O'Donnell
(Address) 236 So Benton St K Cr
15. FILED Aug 10, 1929. A. G. Minnich, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): May 10 1929
17. I HEREBY CERTIFY, That I attended deceased from —, 19..., to —, 19..., that I last saw h— alive on —, 19..., and that death occurred, on the date stated above, at 1 a m.
THE CAUSE OF DEATH* WAS AS FOLLOWS: Pulmonary Tuberculosis
2 2 M
(duration) ... yrs. ... mos. ... ds.
CONTRIBUTORY (SECONDARY) ...
(duration) ... yrs. ... mos. ... ds.
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) A. G. Minnich, M. D.
Aug 10, 1929 (Address) Lock Springs 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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Lock Springs Mo — DATE OF BURIAL: May 13 1929
20. UNDERTAKER: None — ADDRESS: —

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.

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