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

Do not use this space.

JUL 26 1929

18841

1. PLACE OF DEATH
County Monroe
Township Jackson
City Paris R.R. (No. ..... St. ..... Ward)

Registration District No. 582
Primary Registration District No. 5779

File No. .....
Registered No. .....

2. FULL NAME Sanford A 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 85 yrs. 2 mos. 14 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): widower

5A. ~~IF MARRIED~~, WIDOWED, OR ~~DIVORCED~~ HUSBAND OF (OR) ~~WIFE OF~~ Erica Atterberry Stone

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 3/15/1844

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
85	2	14	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(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) Ralls Co Mo

PARENTS

10. NAME OF FATHER Coleman D Stone
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Ky
12. MAIDEN NAME OF MOTHER Louisa Keathley
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Mo

14. INFORMANT Estill Stone
(Address) Paris Mo R.R.

15. FILED May 1 1929 H C Payne
May 201 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 29 1929

17. I HEREBY CERTIFY, That I attended deceased from June 1, 1929 to May 29 1929 that I last saw him alive on May 28 1929 and that death occurred, on the date stated above, at 3 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Myocarditis Chronic
93C
99
(duration) 2 yrs. x mos. x ds.

CONTRIBUTORY (SECONDARY) Arteriosclerosis
(duration) 10 yrs. x mos. x 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? Clinical Signs
(Signed) H C Payne, M. D.
May 30, 1929 (Address) Paris 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: Bethel Cemetery, Hollida Mo
DATE OF BURIAL: June 1 1929

20. UNDERTAKER: Fred A Thompson
ADDRESS: Madison Mo

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.