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

Do not use this space.

30191

1. PLACE OF DEATH

County Buchanan — Registration District No. 86 — File No.

Township Buchanan — Primary Registration District No. 512 — Registered No. 68

City St Joseph (No. County Farm St. Ward)

2. FULL NAME Albert R Stoneburner

(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 M

4. COLOR OR RACE W

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Divorced

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar 22-1881

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
48	5	18	

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) Lynn Co Mo
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Josiah Stoneburner

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Zanesville Ohio
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Elizabeth Sidirouer

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Brighton Iowa
(STATE OR COUNTRY)

14. INFORMANT John Stoneburner
(Address) St Joseph Mo

15. FILED 9/10 1929 J J Bauskach REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 10 1929

17. I HEREBY CERTIFY, That I attended deceased from Sep 8th, 1929 to Sep 9th, 1929 that I last saw him alive on Sep 9th, 19 , and that death occurred, on the date stated above, at 12 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute Alcoholism

75 B

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (SECONDARY) 66 B

(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? None

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) Albert E Holley M. D.

9/10 1929 (Address) 822 Edmond St Joseph 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 Mt Moria City Cemetery — DATE OF BURIAL 9/12 1929

20. UNDERTAKER Herman Funeral Home — ADDRESS 1946 Calhoun

Healm-Belfree 10th & Chas

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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