1 1930

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

Do not use this space.

31044

1. PLACE OF DEATH

County St. Louis — Registration District No. 1123 — File No.

Township Carondelet — Primary Registration District No. 6248 B. — Registered No. 311

City Jefferson Barracks, Mo. (No. U.S. Veterans Hospital, Jefferson Brks, Mo. St. Ward)

2. FULL NAME King D. Stone

(a) Residence. No. 1718 Glasgow., St. Louis, Mo. St. Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred un yrs. kn mos. own 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.	COLORED	Widower.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Elizabeth Stone (Deceased)

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 3, 1896

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ___ hrs. or ___ min.
	33	9	10	

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

9. BIRTHPLACE (CITY OR TOWN) Aberdeen.
(STATE OR COUNTRY) Mississippi.

PARENTS

10. NAME OF FATHER Dave Stone.

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown.
(STATE OR COUNTRY) Mississippi

12. MAIDEN NAME OF MOTHER ----- Sullai

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown.
(STATE OR COUNTRY) Mississippi.

14. INFORMANT (Address) E. T. Gallagher, Acting Clinical Director, U.S. Veterans Hospital, Jefferson Barracks, Mo.

15. FILED 9 15 1930 L. C. Obrock REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept. 13 1930

17. I HEREBY CERTIFY, That I attended deceased from Sept. 3, 1930, 19 to Sept. 13, 1930 that I last saw him alive on Sept. 13, 1930 and that death occurred, on the date stated above, at 12:32 PM m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Myocarditis, chronic.
92 A
93 C
99 B (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Aortitis with dilatation; Aortic insufficiency. (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? Unknown.
DID AN OPERATION PRECEDE DEATH? No. DATE OF
WAS THERE AN AUTOPSY? No.
WHAT TEST CONFIRMED DIAGNOSIS? Physical, X-Ray & Laboratory findings
(Signed) W. C. Gibson, Medical Officer In Chg. M.D.
, 19 (Address) U.S. Veterans Hospital, Jefferson Barracks, 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 National Cem — DATE OF BURIAL 9/16 1930

20. UNDERTAKER Hoffmeister & Co — ADDRESS 1814 S Broadway