

NOV 17 1936

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

Do not use this space.

36589

File No. ....  
Registered No. 30  
St. .... Ward)

## 1. PLACE OF DEATH

County Andrew  
Township Vandalia  
City Vandalia (No. ....)

Registration District No. 917  
Primary Registration District No. 4550

2. FULL NAME Robert S. Stone

(a) Residence, No. .... St. .... Ward.  
(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. (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 29 - 1867

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
69 4 2

OCCUPATION  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.  
10. Date deceased last worked at this occupation (month and year)  
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MO

FATHER  
13. NAME Charles Stone

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) VA

MOTHER  
15. MAIDEN NAME Jessie Crutch

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) VA

17. INFORMANT Wm Cal Phipps Vandalia Mo  
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Vandalia Mo DATE Oct 3 '36

19. UNDERTAKER Wm States Vandalia Mo  
(ADDRESS)

20. FILED 1 up 36 1936 Carrie Zitterback  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 1 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 15, 1936, to Oct 1, 1936.  
I last saw him alive on Oct 1, 1936. Death is said

to have occurred on the date stated above, at 5 P. m.  
The principal cause of death and related causes of importance were as follows:

Insultic Cerebration

Date of onset

Other contributory causes of importance:

Cardio renal disease

Name of operation 5 Date of 11  
What test confirmed diagnosis? Clin Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? ..... Date of injury ..... 19.....  
Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....  
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify Other Alford

(Signed) Other Alford, M. D.

(Address) Vandalia Mo

