

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 38397

Registration District No. 138

Primary Registration District No. 4078

Registrar's No. 01

FILED DEC 10 1940

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Carroll

(b) City or town Norborne, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution X
(Specify whether)

In this community 2
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Carroll

(c) City or town Norborne
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) If foreign born, how long in U. S. A.?

3. (a) PRINT FULL NAME William Stone

3. (b) If veteran, name war

3. (c) Social Security No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov 7 day
year 1940 hour 8:30 minute P M.

4. Sex male

5. Color or race negro

6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Elizabeth Stone

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Sept 18 65
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h_____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
75 2 _____ hr. _____ min.

Immediate cause of death

Due to Suicide

Due to Drinking Hydrochloric Acid

Other conditions (Include pregnancy within 3 months of death)

9. Birthplace Ray Co Mo
(City, town, or county) (State or foreign country)

10. Usual occupation plasterer

11. Industry or business

Major findings: Of operations 167

Of autopsy

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

MOTHER FATHER

12. Name Stone

13. Birthplace _____
(City, town, or county) (State or foreign country)

14. Maiden name Jane Stone

15. Birthplace Ray Co Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Ina Mae Pugh

(b) Address Richmond, Mo

17. (a) Burial (b) Date thereof Nov 10 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Stemple Cem.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Hydrochloric Acid

(b) Date of occurrence 11-6-1940

(c) Where did injury occur? Norborne Carroll Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
133 Home
While at work? (Specify type of place) (e) Means of injury

18. (a) Signature of funeral director W. J. Stroud

(b) Address Norborne, Mo

19. (a) Nov 8 40 (b) W. C. Cole
(Date received local registrar) (Registrar's signature)

23. Signature Ed Dekerson (M. D. or other) Coroner

Address Boyard, Mo Date signed 11/7/40

