

Department of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

File No. _____

Registered No. 56

1. PLACE OF DEATH

County MuhlenbergVot. Pct. Bellevue

Inc. Town. _____

Registration District No. 1055Primary Registration District No. 7484City _____ (No. _____ St. _____ Ward _____)
(If death occurred in a hospital or institution, give its NAME instead of street and number)2. FULL NAME Robert Franklin Stone VETERAN, WHAT WAR? _____(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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE W 5. Single, Married, Widowed or Divorced (write the word)5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ella Jerette Stone6. DATE OF BIRTH July 17, 18717. AGE 67 years 7 Months 17 Days If LESS than 1 day.....hrs. or.....min.

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, sawmill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE Ky.13. NAME Don't Know14. BIRTHPLACE Do15. MAIDEN NAME Do16. BIRTHPLACE Do17. INFORMANT Sam Stone(Address) Martinsburg, Ky.

18. BURIAL, CREMATION OR REMOVAL

Place Bellevue Church Date 3/13 193919. UNDERTAKER Greenwell Funeral Home(Address) Greenwell20. FILED 2-2 1939 James Carter

Registrar.

21. DATE OF DEATH Mar 2, 193922. I HEREBY CERTIFY, That I attended deceased from Feb 26, 1939 to March 2, 1939I last saw him alive on Feb 26, 1939, death is said to have occurred on the date stated above, at 31. The principal cause of death and related causes of importance in order of onset are as follows:Atherosclerosis
Cardio Renal
Date of onset 4 years ago

Contributory causes of importance not related to principal cause:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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? _____ If so, specify _____

(Signed) J. S. [Signature], M. D.(Address) Cardinal City Ky

N. B. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARVIN RESERVED FOR BINDING