

Stone, Albert 1870 - 1949

Form V. S. 1-A FEDERAL SECURITY AGENCY U. S. PUBLIC HEALTH SERVICE NATIONAL OFFICE VITAL STATISTICS		COMMONWEALTH OF KENTUCKY Department of Health BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH		State File No. <b>24703</b> Registrar's No. <b>95</b>	
Registration District No. <b>445</b>		Primary Registration District No. <b>5121</b>			
1. PLACE OF DEATH a. COUNTY <b>Estill</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Ky</b> b. COUNTY <b>Estill</b>			
b. CITY (If outside corporate limits, write RURAL and give township) <b>Rural-Lavenna</b>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) <b>Rural-Lavenna</b>	
d. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR location) <b>Cow Creek</b>		d. STREET ADDRESS (If rural, give location) <b>Cow Creek</b>			
3. NAME OF DECEASED a. (First) <b>Albert</b> (Type or Print)		b. (Middle)		c. (Last) <b>Stone</b>	
4. DATE OF DEATH <b>Dec. 16 1949</b>		5. SEX <b>M</b>		6. COLOR OR RACE <b>W.</b>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>-</b>		9. AGE (In years) If Under 1 Year: Months Days Hours Min. <b>78</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>1</b>		11. BIRTHPLACE (State or foreign country) <b>Kentucky</b>	
12. CITIZEN OF WHAT COUNTRY?		13. FATHER'S NAME <b>John Stone</b>		14. MOTHER'S MAIDEN NAME <b>Rebecca Ashcraft</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT <b>George Embury</b>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, athenia, etc. It means the disease, injury, or complication which caused death.</i>		I. DISEASE OF CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cause of death un-</b> <b>ANTECEDENT CAUSES</b> Morbid conditions, (if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>determined - my</b> DUE TO (c) <b>guess is malignancy of kidney.</b>		INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>181X - 52A</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT (Specify) SUICIDE HOMICIDE		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg. etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>July 1949</b> to <b>Dec. 10, 1949</b> , that I last saw the deceased alive on <b>Dec. 10, 1949</b> and that death occurred at <b>2:30 p.m.</b> , from the causes and on the date stated above.					
23a. DATE SIGNED <b>12-29-49</b>		23b. ADDRESS <b>Irving, Ky</b>		23c. SIGNATURE <b>J. J. Mason M.D.</b> (Degree or title)	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>12-18-49</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Cow Creek</b>	
24d. LOCATION (City, town, or county) (State) <b>Estill County Ky</b>		25a. DATE REC'D BY LOCAL REG. <b>12/29/49</b>		25b. REGISTRAR'S SIGNATURE <b>Virginia R. Dodd</b>	
26. FUNERAL DIRECTOR <b>Dodd</b>		ADDRESS			