

COMMONWEALTH OF KENTUCKY  
State Board of Health  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

23762

1 PLACE OF DEATH  
County Mason  
Vol. No. 44 Ward Registration District No. 3-00  
Inc. Town Lexington Ky. Primary Registration District No. 3-00  
City Lexington Ky. (No. 1 St. 1 Ward)  
2 FULL NAME George Stone

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_  
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male 4 COLOR OR RACE negro 5 Single Married Widowed or Divorced (Write the word) M.  
6 DATE OF BIRTH Jan. 20, 1881  
(Month) (Day) (Year)  
7 AGE 44 yrs. 2 mos. 20 ds. IF LESS than 1 yr. say ..... mos. or ..... wks.  
8 OCCUPATION (a) Trade, profession or particular kind of work R. R. Labour  
(b) General nature of industry, business or establishment in which employed (or employer)  
9 BIRTHPLACE (State or country) Ky.

PARENTS

10 NAME OF FATHER Nathanil Stone  
11 BIRTHPLACE OF FATHER (State or country) Ky.  
12 MAIDEN NAME OF MOTHER Larous Stone  
13 BIRTHPLACE OF MOTHER (State or country) Ky.

MEDICAL CERTIFICATE OF DEATH

14 DATE OF DEATH (So say February)  
March 17 1925  
(Month) (Day) (Year)  
15 I HEREBY CERTIFY, That I attended deceased from March 3, 1925, to March 5, 1925, that I last saw him alive on March 5, 1925, and that death occurred on the date stated above at his home (So say in institution)  
The CAUSE OF DEATH\* was as follows:  
Sept. Blood Poisoning  
(Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
Contributory (Secondary) \_\_\_\_\_ (Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
(Signed) O. H. ... M. D. 3/14, 1925 (Address) 100 ...  
\*State the Disease Causing Death, or, in deaths from violent causes state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.  
16 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) \_\_\_\_\_ at place of death \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. in the State \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
Where was disease contracted, if not at place of death?  
Former or usual residence \_\_\_\_\_

17 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) Harry White  
(Address) 100 ...

18 PLACE OF BURIAL OR REMOVAL Letcher Ky. DATE OF BURIAL 3/18/25  
19 UNDERTAKER J. S. ... ADDRESS Int. ...  
Ky.

NEVER OBSERVED FOR RECORDS  
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD  
M. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS 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.