

Dr. W. G. Kelly

MICHIGAN DEPARTMENT OF HEALTH
Division of Vital Statistics
CERTIFICATE OF DEATH

State Office No.
109 6302

1 PLACE OF DEATH
County Bay
Township _____
Village _____

Register No. 28

City Bay City (No. _____ St. _____ Ward _____)
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME JAMES WESLEY STONE
(a) Residence No. 304 Sophia St., Ward _____
(Usual place of abode) (If non-resident 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

3 SEX Male 4 Color or Race White 5 Single, Married, Widowed or Divorced (WRITE the word) Married

5a If married, widowed or divorced HUSBAND of (or) WIFE of _____

6 DATE OF BIRTH (Month, day and year) June 3 - 1856

7 AGE Years 74 Months 7 Days 9 If LESS than 1 day ___ hrs. OR ___ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Operated small sawing factory

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

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

12. BIRTHPLACE (city or town) (State or country) Nicholas Co West Virginia

13. NAME Stiram Stone

14. BIRTHPLACE (city or town) (State or country) W. Va.

15. MAIDEN NAME Nancy Martin

16. BIRTHPLACE (city or town) (State or country) W. Va.

17. INFORMANT Paul Stone
(Address) 723 1/2 N.W. Washington D.C.

18. BURIAL, CREMATION, OR REMOVAL
Place Tables Ohio Date Jan 15, 1931

19. UNDERTAKER W. S. Hyatt
(Address) Bay City Mich

20. FILED 1/15, 1931 G. W. Moore, M. D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Jan 12, 1931

22. I HEREBY CERTIFY, That I attended deceased from Jan 4, 1931, to Jan 12, 1931
I last saw him alive on Jan 12, 1931; death is said to have occurred on the date stated above, at 5 1/2 m.
The principal cause of death and related causes of importance were as follows:

apoplexy

DURATION
14 hours
1 week

Other contributory causes of importance:
La Grippe

If operation, date of _____

Condition for which performed _____

Organ or part affected _____

Was there laboratory test? _____ Autopsy? _____

In case of violence state if accident, homicide or suicide _____

Where did injury occur? _____ (Specify city, county or state)

In industry, home or public place? _____

Was disease or injury related to occupation of deceased? _____

Signed W. G. Kelly M. D.

Address Bay City Mich