

Information should be carefully supplied. AGE 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.

NORTH CAROLINA STATE BOARD OF HEALTH  
 BUREAU OF VITAL STATISTICS  
**STANDARD CERTIFICATE OF DEATH**

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**1 PLACE OF DEATH** Guilford Registration District No. 41-2279 N. C. Register No. \_\_\_\_\_  
 County \_\_\_\_\_ State \_\_\_\_\_  
 Township \_\_\_\_\_ or Village \_\_\_\_\_  
 City High Point, No. High Point Hospital St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (If death occurred in a hospital or institution, give its NAME instead of street and number)

**2 FULL NAME** Theodore Whitfield Stoner  
 (a) Residence. No. 110 Vail street St. \_\_\_\_\_ Ward \_\_\_\_\_ (If nonresident give city or town and State)  
 (Usual place of abode)  
 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**

<b>3 Sex</b>	<b>4 Color or Race</b>	<b>5 Single, Married, Widowed, or Divorced (write the word)</b>		
Male	white	Married		
<b>5a If married, widowed, or divorced</b>				
Husband of <u>Martha Stoner</u> (or) Wife of _____				
<b>6 Date of birth (month, day, and year)</b> <u>4/11/1873</u>				
<b>7 Age</b>	years	Months	Days	If LESS than 1 day, hrs. or min.
	42	3	10	
<b>8 Occupation of deceased</b> <u>Wholesale Grocery &amp; Vol. Fireman. (Salesman)</u>				
(a) Trade, Profession, or particular kind of work. <u>American Commission Co.</u>				
(b) General nature of industry, business, or establishment in which employed (or employer).				
(c) Name of employer <u>American Commission.</u>				
<b>9 Birthplace (city or town)</b> <u>Davidson County</u>				
(State or country)				
<b>10 Name of Father</b> <u>James I. Stoner</u>				
<b>Parents</b>	<b>12 Birthplace of Father (city or town)</b> _____			
	(State or country) <u>N. C.</u>			
	<b>12 Maiden Name of Mother</b> <u>Estella Prim</u>			
<b>13 Birthplace of Mother (city or town)</b> _____				
(State or country) <u>N. C.</u>				

**MEDICAL CERTIFICATE OF DEATH**

**16 Date of Death (month, day, and year)** 7/21/25 1925  
**17** I HEREBY CERTIFY, That I attended deceased from 7/17 1925 to 7/21 1925 that I last saw him alive on 7/20 1925 and that death occurred, on the date stated above, at 1:30 a. m.  
 The CAUSE OF DEATH\* was as follows:  
Burns, 2nd degree, arms, back, face & legs. Sustained while fighting fire in cotton ware house.  
 (duration) yrs. mos. 4 ds.  
 Contributory (SECONDARY) \_\_\_\_\_ (duration) yrs. mos. ds.  
**18** Where was disease contracted if not at place of death? \_\_\_\_\_  
 Did an operation precede death? No Date of \_\_\_\_\_  
 Was there an autopsy? No  
 What test confirmed diagnosis? \_\_\_\_\_  
 (Signed) H. B. Brockmann M.D.  
7/23, 1925 (Address) High Point, N. C.  
 \*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, OR HOMICIDAL. (See reverse side for additional space.)  

<b>19 Place of Burial, Cremation, or removal</b>	<b>Date of Burial</b>
<u>Oakwood Cemetery</u>	<u>7/22/25</u>
<b>20 Undertaker</b>	<b>Address</b>
<u>David T. Yow, High Point, N. C.</u>	

**14 Informant** F. S. Stoner  
 (Address) High Point, N. C.  
**15 Filed** 7/21, 1925 T.M. Stanton  
 REGISTRY