

AT 33 1 1928

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

12910

1. PLACE OF DEATH

County Green

Registration District No. 318

File No. 265

Township Greenfield

Primary Registration District No. 2001

Registered No. 265

City Greenfield

St. _____ Ward _____

2. FULL NAME

(a) Residence. No. 1322 N Broadway Ward _____
(Usual place of abode)

Residence son of Mrs. M. Roy Stone
(If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

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) Infant

16. DATE OF DEATH (MONTH, DAY AND YEAR) 4-8-1928 1928

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Child

17. I HEREBY CERTIFY, That I attended deceased from 4 to 6 1928, and that I last saw him alive on 2-28-28, 1928, and that death occurred, on the date stated above, at 9:30 a.m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 4-8-1928
7. AGE YEARS MONTHS DAYS IF LESS THAN 1 day, hrs. or min. 0 0 0

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Immature Birth

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work child
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

CONTRIBUTOR (SECONDARY) 1611

9. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY) Mo

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH: _____

10. NAME OF FATHER Roy Stone

19. DID AN OPERATION PRECEDE DEATH? no DATE OF _____
WAS THERE AN AUTOPSY? no

11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____ (STATE OR COUNTRY) Mo

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) M. L. Bakeman M.D.
49 - 1928 (Address) Springfield Mo.

12. MAIDEN NAME OF MOTHER Louise Athey

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____ (STATE OR COUNTRY) Mo

*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.

14. INFORMANT Roy Stone
(Address) 1322 N Broadway

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Woods on Cemetery DATE OF BURIAL 4-9-1928

15. FILE NO. 4/9 28 REGISTRAR W. L. Stone

20. UNDERTAKER W. L. Stone ADDRESS Wabash Street

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.

