

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

Do not use this space.

32687

1. PLACE OF DEATH

County Barry
Township Moont
City Moont

Registration District No. 30
Primary Registration District No. 3003

File No. _____
Registered No. 74
St. _____ Ward _____

2. FULL NAME Bernie Leonard Stone

(a) Residence. No. _____ St. _____ Ward _____
(Usual place of abode) (If nonresident 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 15, 1918

7. AGE YEARS MONTHS DAYS If LESS than 1 day, 20 hrs. or _____ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Infant
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

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

PARENTS

10. NAME OF FATHER Wink Stone
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Christian Co
(STATE OR COUNTRY) Mo
12. MAIDEN NAME OF MOTHER Mollie Pauline Shipman
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Christian Co
(STATE OR COUNTRY) Mo

14. INFORMANT Wink Stone
(Address) Moont Mo

15. FILED 10-16-28 W. M. West
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 10-16 1928

17. I HEREBY CERTIFY, That I attended deceased from 10-15, 1928, to 10-16, 1928 that I last saw him alive on 10-15, 1928, and that death occurred, on the date stated above, at _____ a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Premature Birth
159 / 161 g
(duration) yrs. mos. ds. 1
CONTRIBUTORY Pre-eclampsia
(SECONDARY) of mother
(duration) yrs. mos. ds. 1

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH: at Place of death

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Ernest Mitchell, M. D.
, 19 (Address) Moont 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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL 1001 Cemetery, Sparta Mo DATE OF BURIAL 10/17 1928

20. UNDERTAKER Callaway ADDRESS Moont

N. 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.

