

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

Do not use this space.

37214

1. PLACE OF DEATH

County St. Genevieve Registration District No. 780
Township St. Genevieve Primary Registration District No. 4466
City St. Genevieve No. _____ St. _____ (Ward)

File No. _____
Registered No. 64

2. FULL NAME

Robert 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 male 4. COLOR OR RACE white 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) Nov 23 1930

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	0	0	0	

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

9. BIRTHPLACE (CITY OR TOWN) St. Genevieve
(STATE OR COUNTRY) Missouri

PARENTS
10. NAME OF FATHER Ralph Stone
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Murphytown
(STATE OR COUNTRY) Illinois
12. MAIDEN NAME OF MOTHER Laura Casey
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Yorkham
(STATE OR COUNTRY) Illinois

14. INFORMANT Ralph Stone
(Address) St. Genevieve Mo

15. FILED Nov 24 1930 T. W. Douglas
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 23 1930

17. I HEREBY CERTIFY, That I attended deceased from Nov 23 1930, to Nov 23 1930
that I last saw him alive on Nov 23 1930, and that death occurred, on the date stated above, at 12:30 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Premature Birth
(4 month pregnancy)
159
CONTRIBUTORY (SECONDARY) 101A
(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? Cinical
(Signed) Arthur E. Sawyer, M. D.

Nov 24 1930 (Address) St. Genevieve 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 St. Genevieve Mo Nov 24 1930 DATE OF BURIAL

20. UNDERTAKER John Baschke, St. Genevieve Mo ADDRESS

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.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

REC 23 1930

