

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

Do not use this space.

**3479**

**1. PLACE OF DEATH**

County..... Registration District No. **791**  
 Townshp..... Primary Registration District No. **1003**  
 City **St. Louis** (No. **St. Anthony's Hosp.**) Registered No. **710**  
 Ward

**2. FULL NAME**

**Thomas P. Stoney**  
 (a) Residence. No. **2731 Juniper Ave.** Ward. **16**  
 (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 <b>Male</b>	4. COLOR OR RACE <b>White</b>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word) <b>widowed</b>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <b>Ethel Stoney</b>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <b>May 22, 1866</b>		
7. AGE	YEARS <b>66</b>	MONTHS <b>7</b>
	DAYS <b>26</b>	IF LESS than 1 day, hrs. or min. <b>=</b>
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <b>Cotton Classifier</b> (b) General nature of industry, business, or establishment in which employed (or employer) <b>Leves Cotton Co.</b> (c) Name of employer		
9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>The Parrotts S. Carolina</b>		
10. NAME OF FATHER <b>Samuel D. Stoney</b>		
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <b>S. Carolina</b>		
12. MAIDEN NAME OF MOTHER <b>Harriet Procher</b>		
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <b>S. Carolina</b>		

14. INFORMANT (Address)  
**Samuel D. Stoney, Charleston S.C.**

15. FILED **JAN 18 1931** REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) **Jan. 17 1931**

17. I HEREBY CERTIFY, That I attended deceased from **Jan 10, 1931** to **Jan 17, 1931** that I last saw him alive on **Jan 17, 1931** and that death occurred, on the date stated above, **7:15** p.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
**acute appendicitis**

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH.....  
 DID AN OPERATION PRECEDE DEATH? **yes** DATE of **Jan 19-1931**  
 WAS THERE AN AUTOPSY? **no**  
 WHAT TEST CONFIRMED DIAGNOSIS.....  
 (Signed) **Scott Procher**, M. D.  
 , 1931 (Address) **6825 W.**

\*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  
**Palmetto Cem.** DATE OF BURIAL **1-19-1931**

20. UNDERTAKER  
**L.R. Rupton** ADDRESS **4449 Olive Street**

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

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.

