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

Do not use this space.

37494

File No. 107

Registered No. 107

1. PLACE OF DEATH

County: Holt — Registration District No. 947

Township: Hinton — Primary Registration District No. 5512

City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME Darline Marie 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.

DEC 22 1931

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Female	White	Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 26-1931

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
			4	

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) Holt County
(STATE OR COUNTRY) Mo.

PARENTS

10. NAME OF FATHER Roy H. Stone

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

12. MAIDEN NAME OF MOTHER Marie Lundy

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

14. INFORMANT Roy H. Stone
(Address) Bigelow Mo.

15. FILED 11-30 19 31 ..... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 30 1931

17. I HEREBY CERTIFY, That I attended deceased from Nov. 26, 1931 to Nov. 30, 1931 that I last saw h. cr. alive on Nov. 26, 1931 and that death occurred, on the date stated above, at 2:30 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Premature Birth

15 hr 15 m

..... (duration) ..... yrs. ..... mos. ..... 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? Physical

(Signed) ..... M. D.

11-30 19 31 (Address) Fortescue 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	DATE OF BURIAL
Rulo Nebr.	12-1 19 31
20. UNDERTAKER	**ADDRESS**
Reans Haconber	Falls City

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.