

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

Do not use this space.

36330

1. PLACE OF DEATH

County Howell
Township
City West Plains

Registration District No. 384
Primary Registration District No. 4227

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

2. FULL NAME

(a) Residence, No. 100 Alhambra Mo 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. 21 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fe 4. COLOR OR RACE Wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec-24-1908

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
24 10 9

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) Howell, Co. Mo. (STATE OR COUNTRY)

13. NAME Lafe Oney

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

15. MAIDEN NAME Lemina Pease

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Oregon - Co Mo.

17. INFORMANT E. Stone (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Reinhorny Mo. DATE Nov-5 1933

19. UNDERTAKER Leo Carr. Phayer - Mo. (ADDRESS)

20. FILED 11-4 1933 Vida W. Simons Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov-3 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct-12, 1933 to Nov-3, 1933
I last saw her alive on Nov-3, 1933 Death is said to have occurred on the date stated above, at 3:00 p. m.

The principal cause of death and related causes of importance were as follows:

General Peritonitis
1218
123
Other contributory causes of importance:
Pericarditis

Name of operation Laparotomy Date of Oct 27
What test confirmed diagnosis? Operation Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? X Date of injury _____, 19____
Where did injury occur? X (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury X
Nature of injury X

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____
(Signed) W. E. O'Connell, M. D.
(Address) West Plains - Mo

1009 am

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

JAN 4 1934
116
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