

DEC 19 1935

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

Do not use this space.

36882

1. PLACE OF DEATH

County OregonRegistration District No. 632

Township

Primary Registration District No. 2382City Thayer Mo. (No.)

St. Ward

2. FULL NAME Ernest E 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 <u>M</u>	4. COLOR OR RACE <u>Wh</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
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5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF Mildred Crockett
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 1 1908

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>27</u>	<u>5</u>	<u>23</u>		

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

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) Thayer
(STATE OR COUNTRY) Missouri13. NAME E.S. Stone14. BIRTHPLACE (CITY OR TOWN) Poke Co.
(STATE OR COUNTRY) Illinois.15. MAIDEN NAME Alice Lee Allen16. BIRTHPLACE (CITY OR TOWN) Fulton Co
(STATE OR COUNTRY) Ark.17. INFORMANT E.S. Stone
(ADDRESS) Thayer Mo18. BURIAL, CREMATION, OR REMOVAL
PLACE Koshkonong DATE 11/25 /35,19. UNDERTAKER Leo Carr
(ADDRESS) Thayer Mo20. FILED Nov 25 1935 George Johnson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11/24/35, 1935

22. I HEREBY CERTIFY, That I attended deceased from
Oct 31, 1935, to Nov 24, 1935
I last saw him alive on Nov 23, 1935 Death is said
to have occurred on the date stated above, at 12:10 m. PM

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

Fracture Vertebrae,
paralysis lower extremities
due to auto accident

Date of onset Aug 1935

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? accident Date of injury Aug, 1935Where did injury occur? Highway 42
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Auto turned over
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify
(Signed) F.A. Barnes M. D.
(Address) Thayer Mo

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.

