

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

Do not use this space.

27833

AUG 25 1936

1. PLACE OF DEATH
 County St. Louis Registration District No. 333
 Township St. Ferdinand Primary Registration District No. 4468
 City Ferguson (No. 222 S. Clay Ave.) St. _____ Ward _____

File No. _____
 Registered No. 150

2. FULL NAME Leantha M. Stone
 (a) Residence, No. 222 S. Clay Ave. 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Frank Stone
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 11, 1870
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
65 9 18
 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. At Home
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mitchell, Indiana

13. NAME Patrick E. Stephen
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont know
 15. MAIDEN NAME Mary Ann Bass
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont know
 17. INFORMANT (ADDRESS) Mr. Frank Stone
222 S. Clay Ave.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Lake Charles Cem DATE August 1, 1936
 19. UNDERTAKER (ADDRESS) Geo. L. Pleitach Inc.
521 E. Eastern Ave
 20. FILED _____ 19 _____ Registrar _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 29, 1936

22. I HEREBY CERTIFY, That I attended deceased from 5-15-1935 to 7-29-1936
 I last saw him alive on 7-29-1935. Death is said to have occurred on the date stated above, at 3 Am.
 The principal cause of death and related causes of importance were as follows:

Arteriosclerosis
121
 Other contributory causes of importance:
City of Detroit Michigan 1927
Dr. Brooker 1925

Date of case 1937

Name of operation _____ Date of _____
 What test confirmed diagnosis _____ Was there an autopsy? no

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

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) Ray Johnson, M. D.
 (Address) Ferguson, Mo.

Registrar _____

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.

