

MAY 31 1937

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

Do not use this space.

17724

1. PLACE OF DEATH
 100 County Scott Registration District No. 8.20
 Township Sylvania Primary Registration District No. 6069
 City (No. _____) St. _____ Ward _____

2. FULL NAME Stillborn (Rose Mary 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4/26/37
 7. AGE YEARS _____ MONTHS _____ DAYS _____ If LESS than 1 day, _____ hrs. or _____ min.
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
 10. Data deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/26, 1937
 22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.
 I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above, at 4.9 a.m.
 The principal cause of death and related causes of importance were as follows:
Premature birth
 Date of onset _____
 Other contributory causes of importance: _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Oran Mo
 13. NAME Arthur Stone
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Charleston Mo
 15. MAIDEN NAME Jessie Houston
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Oakton Ky
 17. INFORMANT (ADDRESS) Arthur Stone Oran Mo
 18. BURIAL, CREMATION, OR REMOVAL PLACE Oran Mo DATE 4/26 1937
 19. UNDERTAKER (ADDRESS) _____
 20. FILED 5/10 1937 E. J. Chmura Registrar.

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? _____ Date of injury _____, 19____
 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? _____
 If so, specify _____
 (Signed) J. J. O'Connell M. D.
 (Address) Oran Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

