

JUL 31 1937

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

Do not use this space.

24609

1. PLACE OF DEATH

County Like
Township Louisiana
City Louisiana

Registration District No. 689
Primary Registration District No. 3033
(No. Like Co. Hospital)

File No. 24609
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Stone (un-named)

(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 Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 6-19-1937

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
- Still born -

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

12. BIRTHPLACE (CITY OR TOWN) Like Co Hospital
(STATE OR COUNTRY) Louisiana, Mo.

13. NAME William Stone

14. BIRTHPLACE (CITY OR TOWN) Annada,
(STATE OR COUNTRY) Mo.

15. MAIDEN NAME Ruby Ellen Hanson

16. BIRTHPLACE (CITY OR TOWN) Annada,
(STATE OR COUNTRY) Mo.

17. INFORMANT Ruby Ellen Stone
(ADDRESS) Louisiana, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Louisiana, Mo. DATE 6/19 37

19. UNDERTAKER none
(ADDRESS)

20. FILED 6/19 37 P. H. H. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-19-37

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 105th St. of Berlin. The principal cause of death and related causes of importance were as follows:

Premature 5 1/2 mos gestation (Date of onset)

Other contributory causes of importance: Pt. fell and brought on labor

Name of operation none 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 _____, 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 mat
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) [Signature], M. D.
(Address) Louisiana, 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.

