

DEC 14 1937

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

Do not use this space.

1. PLACE OF DEATH

County Richmond Registration District No.           
Township Washington Primary Registration District No. 100  
City St. Joseph No.          MO. METHO HOSPITAL St.          Ward         

File No. 40726  
Registered No. 1283  
St.          Ward         

2. FULL NAME

(a) Residence, No.          St.          Ward.           
(Usual place of abode)

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 22 1937

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

22. I HEREBY CERTIFY, That I attended deceased from 30th Oct 1937, to Nov 22 1937

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 11-20-1848

I last saw him alive on Nov 22 1937. Death is said to have occurred on the date stated above, at 4:20 p.m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 91 2

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

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

Shangulated Jugular Thrombosis  
Date of onset Oct 30/37

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) 1923

11. Total time (years) spent in this occupation 60

Other contributory causes of importance: Staphylococcus Pneumonia 1/2/37

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

13. NAME William Stone

Name of operation Hemigotomy Date of 11/17/37

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

What test confirmed diagnosis? Ulcer Was there an autopsy? NO

15. MAIDEN NAME unknown

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?          Date of injury         , 19         

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

Where did injury occur?          (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT (ADDRESS) Ernest Stone Clarkdale Mo

Manner of injury          Nature of injury         

18. BURIAL, CREMATION, OR REMOVAL PLACE Clarkdale DATE 11-24-37

24. Was disease or injury in any way related to occupation of deceased? NO

19. UNDERTAKER (ADDRESS) John G. Brown Clarkdale Mo

If so, specify          (Signed) W. J. Elam, M. D.

20. FILED Nov 22 1937 H. J. Postleback Registrar.

(Address) St. Joseph 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.

