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

Do not use this space.

35529

File No. 1047

Registered No. 1047

1. PLACE OF DEATH
County Buchanan
Township
City St. Joseph, No. Mo. Methodist Hospital St. 1047 Ward)

Registration District No. 85
Primary Registration District No. 1001

2. FULL NAME Omer Guy Stone

(a) Residence, No. St., Ward. Forrest City, Mo.
(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: Boy

4. COLOR OR RACE: White

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) Oct. 14 1939

7. AGE

Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
0	0	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

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) St Joseph (STATE OR COUNTRY) Mo

FATHER

13. NAME Howard Maurice Stone

14. BIRTHPLACE (CITY OR TOWN) Forrestal City (STATE OR COUNTRY) Missouri

MOTHER

15. MAIDEN NAME Abela Maye Nicholson

16. BIRTHPLACE (CITY OR TOWN) Mound City (STATE OR COUNTRY) Mo

17. INFORMANT Howard Maurice Stone (ADDRESS) Forrest City, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Forrest City DATE 10/14 1939

19. UNDERTAKER Howard M. Stone Father (ADDRESS)

20. FILED 10/14 1939 A J Nettleton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 14 1939

22. I HEREBY CERTIFY, That I attended deceased from 10/14 1939, to 10/14 1939, I last saw h... alive on Stillborn 8 3/4 a.m. 19..... Death is said to have occurred on the date stated above, at 8 3/4 a.m.

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

Still born

Premature umbilical cord

Date of onset

Other contributory causes of importance:

Deformed pelvis.

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, 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? No
If so, specify
(Signed) F. G. Thompson Jr., M. D.
(Address) 8 N Edwards St.

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

20M-2-19-38 1 X7294