AUG 20 1936

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

Do not use this space.

48603

1. PLACE OF DEATH

County Franklin — Registration District No. 297 — File No.

Township — Primary Registration District No. 3016 — Registered No. 63

City Washington, Mo. (No. , St. Ward)

2. FULL NAME Baby Stone

(a) Residence, No. Washington, Mo. St., Ward. Villa Ridge, Mo.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 0 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): Infant

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 7th, 1936

7. AGE: YEARS 0 — MONTHS 0 — DAYS 0 — If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Stillborn
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Stillborn
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): Washington, Missouri

FATHER

13. NAME: Floyd Stone
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Gray Summit, Missouri.

MOTHER

15. MAIDEN NAME: Frances Phillips
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Louis, Missouri

17. INFORMANT (ADDRESS): Floyd Stone, Villa Ridge, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Villa Ridge, Mo DATE July 9th, 1936

19. UNDERTAKER (ADDRESS): Otto & Co. Washington, Mo.

20. FILED July 8, 1936 H. A. May Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/7, 1936

22. I HEREBY CERTIFY, That I attended deceased from 7/7, 1936, to 7/7, 1936

I last saw him on 7/7, 1936. Death is said to have occurred on the date stated above, at 7 A.m.

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

	Date of onset
Stillbirth	
Pale/pallid asphyxia	

Other contributory causes of importance:

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) Decidle Eskey, M. D.

(Address) Labadie 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.