

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

Do not use this space.

1889

File No. \_\_\_\_\_  
Registered No. 8 Ward \_\_\_\_\_

1. PLACE OF DEATH  
4 County Andrain Registration District No. 26  
4 Township Salt River Primary Registration District No. 3002  
2 City Mexico Mo (No. Andrain Hospital) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Eli Thompson Stone 350  
 (a) Residence, No. Ladonna Mo St. \_\_\_\_\_ Ward. Ladonna 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**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ursula Agnes Stone  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 29-1856  
 7. AGE YEARS 81 MONTHS 2 DAYS 26 If LESS than 1 day, \_\_\_\_\_ hrs. \_\_\_\_\_ min.  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Printer  
 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) Nov 1936 11. Total time (years) spent in this occupation 50  
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Oneida Co, NY  
 MOTHER 13. NAME Anthony Corey Stone  
 FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York  
 15. MAIDEN NAME Julia Thompson  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York  
 17. INFORMANT Mrs E T Stone  
 (ADDRESS) Ladonna Mo  
 18. BURIAL CREMATION, OR REMOVAL PLACE Deota Mo DATE 1-25-38  
 19. UNDERTAKER H G Granger  
 (ADDRESS) Ladonna Mo  
 20. FILED Jan 24 1938 Blanche Keely  
 Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 24 - 1938  
 22. I HEREBY CERTIFY, That I attended deceased from Dec 22 - 1937 to Jan 24 1938  
 Last saw him alive on Jan 24 - 1938 Death is said to have occurred on the date stated above, at 6 A. m.  
 The principal cause of death and related causes of importance were as follows:  
Diabetic Gangrene Date of onset 2-21-37  
 Other contributory causes of importance:  
Chronic Diabetes  
arterio sclerosis  
 Name of operation amputation Date of 1-19-38  
 What test confirmed diagnosis Clinical Was there an autopsy? no  
 23. If death was due to arterial causes (stroke), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (Specify city, town, county, and State)  
 Specify whether injury occurred in factory, in home, or in public place. FEB 21 1938  
 Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_  
 BUREAU OF VITAL STATISTICS  
 MO. STATE BOARD OF HEALTH  
 24. Was disease of injury, or occupation of deceased? No  
 If so, specify \_\_\_\_\_  
 (Signed) W T McCall M. D.  
 (Address) Ladonna Mo

Every entry on this form 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.

