

LOCAL REGISTRAR'S REPORT—DO NOT TEAR LEAF OUT

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

Do not use this space.

REC'D AUG 22 1938

1. PLACE OF DEATH

County Scott Registration District No. 810
Township East Jefferson Primary Registration District No. 6053
City (No. _____) St. _____ Ward _____

File No. 26612
Registered No. 31

2. FULL NAME

Clarence Stone 350
(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

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 Hallie Stone
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 12 1863
7. AGE YEARS 75 MONTHS 6 DAYS 10 If LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming
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 _____

DATE OF DEATH (MONTH, DAY, AND YEAR) July 11 1938
22. I HEREBY CERTIFY, That I attended deceased from July 16, 1938, to July 11, 1938
I last saw him/her on dead July 11, 1938 Death is said to have occurred on the date stated above, at 4 p.m.
The principal cause of death and related causes of importance were as follows:
Chronic Coronary Heart Disease Date of onset _____
Other contributory causes of importance: Heat stroke

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Warrenville Ill.
13. NAME Calvin W. Stone
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind.
15. MAIDEN NAME Eliza J. Taylor
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio
17. INFORMANT Hallie Stone (ADDRESS) Arbela Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE Memphis DATE July 15 38
19. UNDERTAKER Wesley B. Baker (ADDRESS) _____
20. FILED July 27 1938

Name of operation _____ Date of _____
What test confirmed diagnosis? Physical 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) A. E. Haller, M. D.
(Address) Memphis Mo

Registrar

