

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

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.

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

PLACE OF DEATH  
County Jackson  
Township \_\_\_\_\_  
or  
Village \_\_\_\_\_  
or  
City Leis Summit (NO. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

Registration District No. 400 File No. 5515  
Primary Registration District No. 4235 Registered No. 7

FULL NAME A. F. Stevenson

[If death occurred in a hospital or institution, give its NAME instead of street and number]

PERSONAL AND STATISTICAL PARTICULARS		
SEX <u>Male</u>	COLOR OR RACE <u>White</u>	SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) <u>Married</u>
DATE OF BIRTH <u>Feb 7</u> , 18 <u>54</u> (Month) (Day) (Year)		
AGE <u>58</u> yrs. <u>0</u> mos. <u>8</u> ds. If LESS than 1 day, ___ hrs. or ___ min.?		
OCCUPATION (a) Trade, profession, or particular kind of work <u>Retired farmer</u> (b) General nature of industry, business, or establishment in which employed (or employer) _____		
BIRTHPLACE (City or town, State or foreign country) <u>Indiana</u>		
PARENTS	NAME OF FATHER <u>Frederic Stevenson</u>	
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Columbus Ohio</u>	
	MAIDEN NAME OF MOTHER <u>Ellen Shurtz</u>	
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Dover N.J.</u>	

MEDICAL CERTIFICATE OF DEATH	
DATE OF DEATH <u>Feb 15</u> , 191 <u>2</u> (Month) (Day) (Year)	
I HEREBY CERTIFY, that I attended deceased from <u>Aug 11</u> , 191 <u>1</u> , to <u>Feb 15</u> , 191 <u>2</u> , that I last saw him alive on <u>Feb 15</u> , 191 <u>2</u> , and that death occurred, on the date stated above, at <u>12 P.</u> m. The CAUSE OF DEATH* was as follows: <u>Tuberculosis of knee</u> <u>27B</u> (Duration) <u>3</u> yrs. <u>18</u> mos. ds.	
Contributory (SECONDARY) (Duration) _____ yrs. _____ mos. _____ ds. (Signed) <u>J. H. Kappeler</u> M. D. <u>Feb 16, 1912</u> (Address) <u>Leis Summit Mo</u>	
*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.	
LENGTH OF RESIDENCE (FOR HOSPITALS INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds. Where was disease contracted if not at place of death? Former or usual residence _____	

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) A. F. Stevenson  
(ADDRESS) Leis Summit  
Filed Feb. 16, 1912 A. S. Swaney, M.D.  
REGISTRAR

PLACE OF BURIAL OR REMOVAL Leis Summit Mo DATE OF BURIAL Feb 17, 1912  
UNDERTAKER Surick & Miller ADDRESS Leis Summit

