

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.

1 PLACE OF DEATH

County Shelby
 or
 Township Salt River
 or
 Village
 or
 City

Registration District No. 830Primary Registration District No. 691File No. 50

Registered No.

St. Ward

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

2 FULL NAME

Stephen Airmson

PERSONAL AND STATISTICAL PARTICULARS

3 SEX <u>male</u>	4 COLOR OR RACE <u>white</u>	5 SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)
6 DATE OF BIRTH <u>Oct 7</u> , 19 <u>18</u> (Month) (Day) (Year)		
7 AGE <u>1</u> yrs. <u>1</u> mos. <u>23</u> ds.		If LESS than 1 day, hrs. or min.?
8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer)		
9 BIRTHPLACE (City or town, State or foreign country) <u>Epworth N. Dakota</u>		
PARENTS	10 NAME OF FATHER <u>Alfred Airmson</u>	
	11 BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Mason Mo.</u>	
	12 MAIDEN NAME OF MOTHER <u>Annie Wauke</u>	
	13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Epworth N.D.</u>	

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. Steve Marland
 (Address) Shelbina Mo.

15

Filed Dec 1, 1919 Mittie Bley
 Registrar

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

34967

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

Nov 30, 1919
 (Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from
Nov 26, 1919, to Nov 30, 1919,
 that I last saw him alive on Nov 30, 1919,
 and that death occurred, on the date stated above, at 6:45 a.m.

The CAUSE OF DEATH* was as follows:

Poisoning of stomach

691
1186
 (Duration) yrs. 2 mos. 2 ds.

CONTRIBUTORY
(Secondary)

Amalaid Linn
 (Duration) yrs. 1 mos. 1 ds.

(Signed) E. M. Miller
Nov 30, 1919 (Address) Shelbina Mo.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18 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

19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Shelbina Dec 1, 1919

20 UNDERTAKER

ADDRESS

Ezra Peter Shelbina Mo.

LOCAL REGISTRARS RECORD DO NOT FILL IN THESE SPACES

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

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

1 PLACE OF DEATH
County

Township Registration District No. File No.
or
Village Primary Registration District No. Registered No.
or
City (NO) St. Ward)
[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME

PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH	
3 SEX	4 COLOR OR RACE	16 DATE OF DEATH	
	5 SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)		
6 DATE OF BIRTH		17 I HEREBY CERTIFY, that I attended deceased from	
	(Month) (Day) (Year)	, 191....., to....., 191.....	(Month) (Day) (Year)
7 AGE		that I last saw h..... alive on....., 191.....	
	IF LESS than 1 day.....hrs. or.....min.?	and that death occurred, on the date stated above, at.....m.	
8 OCCUPATION		The CAUSE OF DEATH* was as follows:	
(a) Trade, profession, or particular kind of work			
(b) General nature of industry business, or establishment in which employed (or employer)			
9 BIRTHPLACE			
(City or town, State or foreign country)			
10 NAME OF FATHER			
11 BIRTHPLACE OF FATHER			
(City or town, State or foreign country)			
12 MAIDEN NAME OF MOTHER			
13 BIRTHPLACE OF MOTHER			
(City or town, State or foreign country)			
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE			
(Informant)			
(Address)			
15		19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Filed....., 191.....	Registrar		, 191.....
		20 UNDERTAKER	ADDRESS