

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

Do not use this space.

APR 22 1927

7122

1. PLACE OF DEATH

County Hydram
Township Truce
City Ladonna (No.)

Registration District No. 24
Primary Registration District No. 4018

File No.
Registered No.
St. Ward)

2. FULL NAME Curtis Edwin Stevens

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

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

1 MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 19-1927

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Clagane Stevens

17. I HEREBY CERTIFY, That I attended deceased from March 18-1927, to March 19-1927, that I last saw him alive on March 19-1927, and that death occurred, on the date stated above, at 9:12 A. M.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug. 31-1857

THE CAUSE OF DEATH* WAS AS FOLLOWS:

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>69</u>	<u>6</u>	<u>19</u>	

acute dilatation of heart

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Merchant
(b) General nature of industry, business, or establishment in which employed (or employer) General Store
(c) Name of employer

95B 9010
(duration) yrs. mos. 2 da.

CONTRIBUTORY (SECONDARY)

9. BIRTHPLACE (CITY OR TOWN) Pouros
(STATE OR COUNTRY) Ohio

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH: Place of death

10. NAME OF FATHER Eli Stevens

0 DID AN OPERATION PRECEDE DEATH? no DATE OF

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Dont know
(STATE OR COUNTRY)

WAS THERE AN AUTOPSY? no

12. MAIDEN NAME OF MOTHER Lucinda Palmer
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Dont know
(STATE OR COUNTRY)

WHAT TEST CONFIRMED DIAGNOSIS? Physical signs
(Signed) W.K. McCall, M. D.

14. INFORMANT Mrs C C Stevens
(Address) Ladonna Mo

3-19-1927 (Address) Ladonna

15. FILED 3-19-1927 W.K. McCall
REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Ladonna Mo DATE OF BURIAL Mar 21 1927
20. UNDERTAKER Hy Kranger Ladonna
ADDRESS

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS should state CAUSE KNOWN TO BE EXACTLY. Exact statement of OCCUPATION is very important.

