

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

Do not use this space.

29784

**1. PLACE OF DEATH**

County Cassell  
Township Newitt  
City Newitt (No. \_\_\_\_\_)

Registration District No. 134  
Primary Registration District No. 5797  
4076

File No. \_\_\_\_\_  
Registered No. 14  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Charles Albi Stevenson

(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**

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 8-14-1912

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
15 7 2

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work In School  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
(c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Evansport, Indiana  
(STATE OR COUNTRY)

10. NAME OF FATHER Stanley G. Stevenson

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Praunhelm, Ohio  
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Martha G. Cooper

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Cadyshe, Arkansas  
(STATE OR COUNTRY)

14. INFORMANT Mrs. S. S. Stevenson  
(Address) Newitt, Mo.

15. FILED 10/3/27 Calvin Pickerson  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

2 16. DATE OF DEATH (MONTH, DAY AND YEAR) 10-22-1927

17. I HEREBY CERTIFY That I attended deceased from Oct 16, 1927, to Oct 22, 1927, that I last saw him alive on Oct 22, 1927, and that death occurred, on the date stated above, at \_\_\_\_\_ P.<sup>m.</sup>

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

0 Lobar Pneumonia and Peritonitis  
10 1/2 (duration) yrs. mos. 7 da.

CONTRIBUTORY Lobar Pneumonia  
(SECONDARY) (duration) yrs. mos. da.

18. WHERE WAS THE DISEASE CONTRACTED 10/10  
IS NOT A PLACE OF DEATH

0 DID AN OPERATION PRECEDE DEATH? No DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS \_\_\_\_\_

(Signed) Dr. W. E. Tatum, M. D.  
10/23, 1927 (Address) Brunswick, Mo.

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Evergreen Cemetery DATE OF BURIAL 10-23-1927

20. UNDERTAKER Willis Brothers ADDRESS Cornellton, Mo.

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.

