

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

Do not use this space.

37909

**1. PLACE OF DEATH**

County Randolph  
Township Sugar Creek  
City..... (No.....)

Registration District No. 735  
Primary Registration District No. 5970

File No.....  
Registered No. 218  
St..... Ward.....

**2. FULL NAME**

Barney C Stephens Jr

(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**

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 7<sup>th</sup> 1918

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
9 | 6 | 3

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work None  
(b) General nature of industry, business, or establishment in which employed (or employer)  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Mo  
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Barney Stephens

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

12. MAIDEN NAME OF MOTHER Esther Mangus

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Mo  
(STATE OR COUNTRY)

14. INFORMANT Barney Stephens  
(Address) Robely Mo

15. FILED 12-11-27 Thos S Fleming  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 10<sup>th</sup> 1927

17. I HEREBY CERTIFY, That I attended deceased from....., 19....., 19..... that I last saw h..... alive on....., 19....., and that death occurred, on the date stated above, at..... 3:30am.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Burned to death, fire in home unable to get body  
178 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 178 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH.....

19. DID AN OPERATION PRECEDE DEATH..... DATE OF.....

WAS THERE AN AUTOPSY.....

WHAT TEST CONFIRMED DIAGNOSIS  
(Signed) J. M. M. Sellar  
12-11-27 (Address) Robely 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 Robely Mo DATE OF BURIAL 12-11-27

20. UNDERTAKER Mahon and Co ADDRESS Robely Mo

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.

