

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

Do not use this space.

37979

1. PLACE OF DEATH
 County: St. Francois Registration District No. 775
 Township: Berry Primary Registration District No. 6070
 City: Bonneton (No. _____) St. _____ Ward _____

2. FULL NAME Martin Light Stewart
 (a) Residence. No. Bonne Terre, Mo. 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 11 1847

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
80 8 9

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Labourer
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Barington
 (STATE OR COUNTRY) Kentucky

10. NAME OF FATHER Thomas W. Stewart

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

12. MAIDEN NAME OF MOTHER Missouri W. Luther

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

14. INFORMANT James Edward Stewart
 (Address) Bonneton, Mo.

15. FILED 12/21/27 C. A. Son
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2
 16. DATE OF DEATH (MONTH, DAY AND YEAR) December 21 1927
 17. I HEREBY CERTIFY, That I attended deceased from Dec. 1, 1927, to December 21, 1927 that I last saw him alive on December 20, 1927, and that death occurred, on the date stated above, at 4:31 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Nephritis
131
162 1290
 (duration) yrs. mos. da. 19 da.
 CONTRIBUTORY Age
 (SECONDARY) (duration) yrs. mos. da.

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

0 DID AN OPERATION PRECEDE DEATH? No DATE OF _____
 WAS THERE AN AUTOPSY? No
 WHAT TEST CONFIRMED DIAGNOSIS? Examination
 (Signed) Chas. H. ..., M. D.
12-22, 1927 (Address) Bonneton, 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 Bonneton Cemetery DATE OF BURIAL Dec. 22 1927
 20. UNDERTAKER P. A. Benton ADDRESS Bonneton

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.

