FEB 24 1928

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

Do not use this space.

3871

1. PLACE OF DEATH
County Wright Co. Registration District No. 907 File No.
Township Pleasant Valley Primary Registration District No. 6220 Registered No. 1
City Mansfield (No. St. Ward)

2. FULL NAME Barbara Carol Stephens -
(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. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F.
4. COLOR OR RACE Wht.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Child -
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 8 - 1928
7. AGE YEARS MONTHS DAYS If LESS than 1 day, 12 hrs. or min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer
9. BIRTHPLACE (CITY OR TOWN) Mansfield
(STATE OR COUNTRY) Missouri

PARENTS
10. NAME OF FATHER Everett Stephens
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Missouri
12. MAIDEN NAME OF MOTHER Nola Dennis
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Missouri.

14. INFORMANT Joe H Dennis
(Address) Mansfield

15. FILED Jan 9, 1928 J A Fuson REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 8 - 1928
17. I HEREBY CERTIFY, That I attended deceased from Jan 8 - 1928, to Jan 8, 1928 that I last saw her alive on Jan 8, 1928, and that death occurred, on the date stated above, at 6 P m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Premature Birth
1 lb 7½ mo
(duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Miscarriage
(duration) yrs. mos. ds.
18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) J A Fuson, M. D
Jan 9, 1928 (Address) Mansfield 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 Mansfield Cem.
DATE OF BURIAL Jan 10 1928
20. UNDERTAKER F. A. Steffe
ADDRESS Mansfield

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.