

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

Do not use this space.

4893
548

1. PLACE OF DEATH

County Jackson Registration District No. 399
 Township Kansas City Primary Registration District No. 1002
 City Kansas City (No. 2932) Flora Ave St. _____ Ward _____

File No. _____
 Registered No. _____

2. FULL NAME

Nancy Stevens
 (a) Residence. No. 2932 Flora St. 14rd.
 (Usual place of abode)
 Length of residence in city or town where death occurred 5 yrs. _____ mos. _____ da. How long in U.S., if of foreign birth? _____ yrs. _____ mos. _____ da. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>Negro</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>		
5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OR (OR) WIFE OF <u>Joseph Stevens</u>				
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Sept. 16 1897</u>				
7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
<u>50</u>	<u>4</u>	<u>20</u>		
8. OCCUPATION OF DECEASED				
(a) Trade, profession, or particular kind of work <u>General Housework</u>				
(b) General nature of industry, business, or establishment in which employed (or employer) <u>Apartment</u>				
(c) Name of employer <u>W.R. Dunlap</u>				
9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Palmira Mo.</u>				
PARENTS	10. NAME OF FATHER <u>Unknown</u>			
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>			
	12. MAIDEN NAME OF MOTHER <u>Unknown</u>			
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>			

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 6, 1928

17. I HEREBY CERTIFY That I attended deceased from Jan 19 1928 to Feb 6 1928 that I last saw him alive on Feb 6 1928, and that death occurred, on the date stated above, at 1004 m.

THE CAUSE OF DEATH WAS AS FOLLOWS:
Suppurative feet
95B

(duration) _____ yrs. _____ mos. _____ da.

CONTRIBUTORY (SECONDARY) Diabetes mellitus
 (duration) 5 yrs. _____ mos. _____ da.

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 Plumeral pyogenic
 (Signed) S. D. Smith M. D.
 (Address) 715 Argyle Bldg

*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.

14. INFORMANT Joseph Stevens
 (Address) 2932 Flora Ave

15. FILED Feb 7 1928 M.M. Coe REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Blue Ridge Lawn DATE OF BURIAL Feb 8, 1928

20. UNDERTAKER Adkins Bros ADDRESS 2122 Vine

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.

MISSOURI STATE BOARD OF HEALTH

215 Argyle Bldg.