

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

Do not use this space.

5010

1. PLACE OF DEATH

County Jackson
Township Ray
City Kansas City (No. 5409, Rockhill Rd.)

Registration District No. 399
Primary Registration District No. 100

File No. 5010
Registered No. 670
St. _____ Ward _____

2. FULL NAME

J. Newby Stewart
(a) Residence No. 5409 Rockhill Rd. Ward 10
(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 Mrs. Belle Stewart

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 23 - 1853

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
74 6 18

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

9. BIRTHPLACE (CITY OR TOWN) Henry Co
(STATE OR COUNTRY) Missouri

PARENTS

10. NAME OF FATHER Joseph Stewart

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

12. MAIDEN NAME OF MOTHER Ervelyn Rooby

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

14. INFORMANT Mrs. Rosa H. Cook
(Address) 5409 Rockhill rd

15. FILED 7/14/28 M. M. Crowne
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3 16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 11th 1928

17. I HEREBY CERTIFY, That I attended deceased from 12:00
2:17 1928, to 11:00, 1928,
that I last saw h. alive on Feb. 11th, 1928, and that
death occurred, on the date stated above, at 8:15 PM m.

18. THE CAUSE OF DEATH* WAS AS FOLLOWS:
824 Phyl. My
713 / 1401
1164

CONTRIBUTORY (SECONDARY) Unusual Malnutrition
(duration) yrs. mos. da.

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

DID AN OPERATION PRECEDE DEATH? No DATE OF nothing

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Surgical Examination
(Signed) Lucas J. Henry, M. D.
7/12, 1928 (Address) 2910 Hamilton St. #211

*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 MA Moriah DATE OF BURIAL Feb 14 1928

20. UNDERTAKER R. J. Linsley ADDRESS City

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

