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

Do not use this space.

1. PLACE OF DEATH
County Callaway. Registration District No. 104 File No. 8063
Township Primary Registration District No. 3008 Registered No. 50
City Fulton, Mo, (No. St. Ward)

2. FULL NAME Thomas Pate Stevens
(a) Residence. No. Stevens Store Mo. 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. 4 mos. 19 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr. 21st 1852

7. AGE: Years 75 Months 10 Days 16. If LESS than 1 day, ... hrs. or ..... min.

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

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

PARENTS
10. NAME OF FATHER L. W. Stephens
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ky
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Sallie J. Stephens
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Callaway Co Mo.
(STATE OR COUNTRY)

14. INFORMANT B. O. Stephens
(Address) Auxvasse Mo.

15. FILED 3-19 1928 R. N. Creus
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar- 7- 1928

17. I HEREBY CERTIFY, That I attended deceased from Oct- 19- 1927 to Mar- 6- 1928 that I last saw him alive on March- 6- 1928, and that death occurred, on the date stated above, at 7:50 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Epithelioma of face
52 48
162 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Senile Dementia
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
0 DID AN OPERATION PRECEDE DEATH? No DATE OF —
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical on Mfg's
(Signed) T. R. Frazer, M. D
3/7/28 19 (Address) Fulton State Hospital

*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: Old Cedar Cemetery
DATE OF BURIAL: Mar. 8 1928

20. UNDERTAKER: Hughes Maupin
ADDRESS: Auxvasse 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.