

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

Do not use this space.

16315

1. PLACE OF DEATH
 County Bartlesville Registration District No. 87
 Township Beaver Dam Primary Registration District No. 5129
 City (No.) St. Ward)

2. FULL NAME Nellie Jane Stevens
 (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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Arthur Stevens

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 2, 1911

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
17 2 24

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

9. BIRTHPLACE (CITY OR TOWN) Jefferson City
 (STATE OR COUNTRY) Mo.

10. NAME OF FATHER Moses Milton

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

12. MAIDEN NAME OF MOTHER Mary Morris

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Jefferson City
 (STATE OR COUNTRY) Mo.

14. INFORMANT Arthur Stevens
 (Address) Poplar Bluff - P. O. #2

15. FILED 5/20 1928 M. M. Kaul
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 5-15 1928

17. I HEREBY CERTIFY That I attended deceased from May 13th, 1928, to May 13th, 1928, that I last saw h. alive on May 13th, 1928, and that death occurred, on the date stated above, at 6:15 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pulmonary Tuberculosis
237 (duration) yrs. mos. da.
 CONTRIBUTORY (SECONDARY) 31 (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH.....
8 DID AN OPERATION PRECEDE DEATH..... DATE OF

WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) S. H. Barnett, M. D.
5/19, 1928 (Address) Poplar Bluff

*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 Bay Springs DATE OF BURIAL 5-17 1928

20. UNDERTAKER Frank Vind - Co. Poplar Bluff
 ADDRESS

WRITE FULLY, 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.

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