

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

Do not use this space.

1. PLACE OF DEATH

County.....
Township.....
City.....

Registration District No.....
Primary Registration District No.....

**791
1003**

File No.....
Registered No.....
St. Word)

2. FULL NAME

(a) Residence. No. St. Ward.
(Usual place of abode)

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 Male 4. COLOR OR RACE Negro 5. SINGLE, MARRIED, WIDOWED OR DIVORCED Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar. 20, 1920

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
8 2 15

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN).....

(STATE OR COUNTRY) Arkansas

10. NAME OF FATHER

Will Stewart

11. BIRTHPLACE OF FATHER (CITY OR TOWN).....

(STATE OR COUNTRY) Arkansas

12. MAIDEN NAME OF MOTHER

Estell Austin

13. BIRTHPLACE OF MOTHER (CITY OR TOWN).....

(STATE OR COUNTRY) La.

14.

INFORMANT Estell Stewart
(Address) 1702 Macklin

15.

FILED N-8 1928 May C Stanley
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 6/5 1928

17. I HEREBY CERTIFY That I attended deceased from 3/21 1928 to 6/5 1928 and that I last saw him alive on 6/5 1928 and that death occurred, on the date stated above, at 30 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Tubercular Peritonitis

CONTRIBUTORY (SECONDARY)

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) E. H. Taylor, M. D.

6/7 1928 (Address) 3136 Chautau

*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

DATE OF BURIAL

Greenwood

6-7-1928

20. UNDERTAKER

ADDRESS

Gatton

4107 Finney

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.

WHILE FILLING IN, WITH UNFADING INK—THIS IS A PERMANENT RECORD

