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

Do not use this space.

File No. 24377
Registered No. 74

1. PLACE OF DEATH
County Livingston Registration District No. 508
Township Primary Registration District No. 3026
City Chillicothe (No. ; St. ; Ward)

2. FULL NAME Nicholas P. Stephenson
(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. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 6-15-1864

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
64	0	29	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Druggist
(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) Linneus Mo

PARENTS
10. NAME OF FATHER Dr. David Stephenson
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) St Charles Mo
12. MAIDEN NAME OF MOTHER Mary Robards
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Unknown.

14. INFORMANT Dr. L. C. Harris
(Address) Linneus Mo

15. FILED 7-17, 1928 R. Berry REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 14 1928

17. I HEREBY CERTIFY, That I attended deceased from Dec. Nov., 19 atte. of deceased, that I last saw h. alive on 19, and that death occurred, on the date stated above, at about 2 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Poisoned by Bromidia
Probably Suicide
163 X (duration) — yrs. — mos. — ds.

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

18. WHERE WAS DISEASE CONTRACTED —
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? No. DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) W. Collier, M. D
July 15, 1928 (Address) Chillicothe Mo. Coroner

*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 Linneus Mo. DATE OF BURIAL July 17 1928.

20. UNDERTAKER Jas. D. Gordon ADDRESS Chillicothe Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.