

27 1928

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

Do not use this space.

27969

1. PLACE OF DEATH

County Monroe
Township Jackson
City Jackson

Registration District No. 582
Primary Registration District No. 3779

File No. _____
Registered No. 39 (Ward)

2. FULL NAME

Shirley Celeste Stevens

(a) Residence. No. _____ St. St. Louis Mo. Ward. _____
(Usual place of abode) (If nonresident give city of town and State)

Length of residence in city or town where death occurred yrs. 1 mos. _____ ds. How long in U.S., if of foreign birth? yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 2, 1927

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hr. or _____ min.
✓ 10 7

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) St. Louis
(STATE OR COUNTRY) Mo.

10. NAME OF FATHER Chas. H. Stevens

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

12. MAIDEN NAME OF MOTHER Celeste Perfect

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St. Louis
(STATE OR COUNTRY) Mo.

14. INFORMANT Chas. H. Stevens
(Address) St. Louis, Mo.

15. FILED 8/9, 1928 N. C. Payne
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 9, 1928

17. I HEREBY CERTIFY That I attended deceased from Aug 4, 1928 to Aug 7, 1928 that I last saw him alive on Aug 7, 1928, and that death occurred, on the date stated above, at 12:45 A. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Defective development of brain from birth with partial paralysis
(duration) yrs. 40 mos. _____ ds.

CONTRIBUTORY Dant Brown
(SECONDARY) (duration) yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED

100
IF NOT AT PLACE OF DEATH

18. DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) M. C. McMurphy, M. D.
8/9, 1928 (Address) Paris, Mo.

*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 Cedar Grove

DATE OF BURIAL AUG 10 1928

20. UNDERTAKER Speed & Blakey

ADDRESS Paris, Mo.

N. R.—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.

