

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

CT 24 1928

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

Do not use this space.

30024

1. PLACE OF DEATH
 County Clay Registration District No. 301 File No. _____
 Township Liberty Primary Registration District No. 3280 Registered No. 94
 City Liberty (No. _____) St. _____ (Ward _____)

2. FULL NAME Peter J. Stevenson
 (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 White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 17-1859

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
68 11 24

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) Liberty (STATE OR COUNTRY) Clay Co. Mo

10. NAME OF FATHER John C. Stevenson

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

12. MAIDEN NAME OF MOTHER Sallie Mills

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

14. INFORMANT Mrs. Margaret Stevenson (Address) Liberty, Mo

15. FILED 19/1928 W. H. Gordon REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 11th 1928

17. I HEREBY CERTIFY That I attended deceased from June 1st 1928, to Sept 11th 1928 that I last saw him alive on Sept 9th 1928, and that death occurred, on the date stated above, at 5-9 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Nephritis
about 7 years antedating for the last - (duration) yrs. 3 mos. 11 ds.
 CONTRIBUTORY (SECONDARY) Chronic Nephritis (duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED? Mo
 IF NOT AT PLACE OF DEATH? _____
 DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____
 WAS THERE AN AUTOPSY? _____
 WHAT TEST CONFIRMED DIAGNOSIS? _____ (Signed) R. H. Johnson M. D.
Sept 11, 1928 (Address) Liberty, 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 Providence Real Estate DATE OF BURIAL 9/17/28
 20. UNDERTAKER Church-Archer Co. ADDRESS Liberty, 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.

