

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

Do not use this space.

30193

1. PLACE OF DEATH

County Jefferson
Township Cass
City Stouffville (No.)

Registration District No. 314
Primary Registration District No. 4190

File No.
Registered No. 322
St. Ward)

2. FULL NAME

James H. Stephenson
(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. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M. 4. COLOR OR RACE W. 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) Nov 18 - 1854

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
74 6 9 0 0

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) Jefferson Co
(STATE OR COUNTRY) Mo

PARENTS

10. NAME OF FATHER Richard Stephenson

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

12. MAIDEN NAME OF MOTHER Nancy Wacker

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

14. INFORMANT Miss Betty Stephenson
(Address) Stouffville Mo

15. FILED 9/28, 1928 At Myinst
REGISTER

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 28 1928

17. I HEREBY CERTIFY, That I attended deceased from 19....., to 19....., that I last saw him/her, alive on 19....., and that death occurred, on the date stated above, at 19.....

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic valvular heart disease

18. WHERE WAS DISEASE CONTRACTED? (duration) yrs. mos. ds.
928 9 0 0

CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds.
9 0 0

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) Thaddeus J. ..., M. D.
, 19 (Address) Stouffville, 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 Stouffville Mo DATE OF BURIAL 9/29 1928

20. UNDERTAKER Labon F. Phillips ADDRESS Stouffville 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.

