NOV 21 1928

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

Do not use this space. Cutler

35241

1. PLACE OF DEATH

County Franklin — Registration District No. 297 — File No.

Township Washington — Primary Registration District No. 3016 — Registered No. 86

City Washington (No. ..... St. ..... Ward)

2. FULL NAME Clifford Stevens

(a) Residence. No. St. Francis Hospital St., ... Ward. Villa Ridge, Mo.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. 3 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	child

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 22, 1922

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
6	1	1	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: child
(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.

PARENTS

10. NAME OF FATHER Louis Stevens

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

12. MAIDEN NAME OF MOTHER Nettie Hoddes

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

14. INFORMANT Louis Stevens
(Address) Villa Ridge, Mo.

15. Filed Oct 26, 1928 O. L. Muench
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 23 1928

17. I HEREBY CERTIFY, That I attended deceased from Oct 20, 1928, to Oct 23, 1928 that I last saw him alive on Oct 23, 1928, and that death occurred, on the date stated above, at 4:20 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Contusion of Brain
Concussion
188 C (duration) 210M yrs. ..... mos. 4 ds.

CONTRIBUTORY (SECONDARY) Run over by automobile
Oct 20, 1928 (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? On Highway #66 Villa Ridge
DID AN OPERATION PRECEDE DEATH? yes DATE OF Oct 20, 1928
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical & Laboratory
(Signed) Robert R. Cutler, M.D.
Oct. 23, 1928 (Address) Washington, 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: Anaconda Cemetery, Anaconda, Mo. — DATE OF BURIAL: 10-25 1928

20. UNDERTAKER: Otto & Co. by W.H.O. — ADDRESS: Washington, Mo.

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

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.