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

Do not use this space.

36708

1. PLACE OF DEATH

County: Henry — Registration District No. 355

Township: Prairie — Primary Registration District No. 5497

City: ~~Same~~ None (No. ..... St. ..... Ward)

File No. .....

Registered No. 10

2. FULL NAME: Asa Goodman Stephens

(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 5 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: Ellen Stephens

6. DATE OF BIRTH (MONTH, DAY AND YEAR): May 24, 1866

7. AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
62	6		

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Blacksmith

(b) General nature of industry, business, or establishment in which employed (or employer): .....

(c) Name of employer: Himself

9. BIRTHPLACE (CITY OR TOWN) .....
(STATE OR COUNTRY): Illinois

PARENTS

10. NAME OF FATHER: Otha Stephens

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

12. MAIDEN NAME OF MOTHER: —— Beaker

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY): N. Car.

14. INFORMANT: Mrs. Ellen Stephens
(Address): La Due, Mo

15. FILED 12/10, 1928 W. E. Baggarly
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Nov. 24 1928

17. I HEREBY CERTIFY, That I attended deceased from Oct. 23, 1928, to Nov. 24, 1928, that I last saw h. alive on Nov. 24, 1928, and that death occurred, on the date stated above, at 3 40 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pernicious malaria

(duration) yrs. 1 mos. 7 ds.

CONTRIBUTORY (SECONDARY): Typhoid fever

(duration) yrs. mos. 21 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? Sick, Blood test

(Signed) W. E. Baggarly, M. D

11-24, 1928 (Address) La Due, 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: Englewood Cem — Clinton

DATE OF BURIAL: 11-25 1928

20. UNDERTAKER: Sims + Wilkinson

ADDRESS: Clinton

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.