

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

Do not use this space.

43414<sup>6</sup>

**1. PLACE OF DEATH**

County.....

Registration District No. ....

791

1003

File No. ....

Township.....

Primary Registration District No. ....

Registered No. ....

City.....

(No. *St. Marys Infirmary*)

St. .... Ward)

**2. FULL NAME**

*Ina Mae Stevens*

(a) Residence, No. *1228 South 14<sup>th</sup>* St., *22* Ward.

(If nonresident, give city or town and State)

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 <i>Female</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <i>Single</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <i>Jan 5 - 1927</i>		
7. AGE	YEARS	MONTHS
	<i>1</i>	<i>11</i>
		DAY
		<i>22</i>
		If LESS than 1 day, ..... hrs. or ..... min.
8. OCCUPATION OF DECEASED		
(a) Trade, profession, or particular kind of work <i>Infant</i>		
(b) General nature of industry, business, or establishment in which employed (or employer)		
(c) Name of employer		
9. BIRTHPLACE (CITY OR TOWN) <i>St Louis</i>		
(STATE OR COUNTRY) <i>mo.</i>		
PARENTS	10. NAME OF FATHER <i>Roy Stevens</i>	
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) <i>Ill. ex.</i>	
	(STATE OR COUNTRY) <i>mo.</i>	
	12. MAIDEN NAME OF MOTHER <i>Hazel Cash.</i>	
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) <i>Leadwood</i>		
(STATE OR COUNTRY) <i>mo.</i>		
14. INFORMANT <i>Roy Stevens</i>		
(Address) <i>1222 20 1/2 St</i>		
15. FILED	<i>27 1928</i>	<i>Jan 2 1928</i>
		REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) *Dec 27 1928*

17. I HEREBY CERTIFY, That I attended deceased from *Dec 19*, 1928, to *Dec 27*, 1928, that I last saw her... alive on *Dec 27*, 1928, and that death occurred, on the date stated above, at *1 A.m.*

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

*Miliary Tuberculosis.*

*32A*

*37A* (duration) ..... yrs. mos. *20* ds.

CONTRIBUTORY (SECONDARY) *Tuberculosis*

*meningitis* (duration) ..... yrs. mos. *20* ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH *1228 South 14<sup>th</sup> St.*

DID AN OPERATION PRECEDE DEATH? *No* DATE OF .....

WAS THERE AN AUTOPSY? *No*

WHAT TEST CONFIRMED DIAGNOSIS? *X-Ray + Spinal Perimeter.*

(Signed) *E. O. Brown*, M. D.

*Dec 27, 1928* (Address) *1536 Poplar St.*

\*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 <i>St Matthews Cemetery</i>	DATE OF BURIAL <i>Dec 28 1928</i>
20. UNDERTAKER <i>A. M. McLaughlin</i>	ADDRESS <i>1631 7mo Ave</i>

WRITE CLEARLY, 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.

