JAN 25 1928

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

Do not use this space.

~~41828~~

1. PLACE OF DEATH
County New Madrid
Township
City Marston
Registration District No. 604
Primary Registration District No. 5802
File No. 42657
Registered No.
(No. ..... St. ..... Ward)

2. FULL NAME Francis Cullen Steward
(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 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): ✓

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 26, 1928

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	1	5	

8. OCCUPATION OF DECEASED ✓
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer —

9. BIRTHPLACE (CITY OR TOWN) Marston
(STATE OR COUNTRY) Mo.

PARENTS

10. NAME OF FATHER Cullen Steward
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Hayti
(STATE OR COUNTRY) Mo.
12. MAIDEN NAME OF MOTHER Pearl McMullen
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Anderson
(STATE OR COUNTRY) Mo.

14. INFORMANT Cullen Steward
(Address) Marston, Mo.

15. FILED 1/7/ 1929 W. O. Bannon
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 1 1929

17. I HEREBY CERTIFY, That I attended deceased from Dec. 27, 1928, to Jan. 1, 1928 that I last saw h.e.r. alive on Dec. 29, 1928, and that death occurred, on the date stated above, at 5:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Influenza (duration) ..... yrs. ..... mos. 5 ds.

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

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Claude McRaven, M. D
, 19 (Address) Marston, 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: New Hope Cemetery
DATE OF BURIAL: Jan 1 1929

20. UNDERTAKER: Richards Und Co.
ADDRESS: New Madrid 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.