

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

Do not use this space.

2945

1. PLACE OF DEATH

County Pike Registration District No. 685
Township Indian Primary Registration District No. 5909 B
City _____ (No. _____ St. _____ Ward _____)

File No. _____
Registered No. _____

2. FULL NAME

Sarah Collins Stevens

(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 <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Johnson Steven</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Aug. 24 1844</u>		
7. AGE	YEARS <u>74</u>	MONTHS <u>4</u>
	Days <u>7</u>	IF LESS than 1 day, _____ hrs. or _____ min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>retired</u> (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer		

MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, That I attended deceased from Dec 28th 1929, to Jan 1st 1929, that I last saw her alive on Jan 1st 1929, and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Broncho-pneumonia

CONTRIBUTORY (SECONDARY) 107A (duration) yrs. mos. ds. 4

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH _____

19. DID AN OPERATION PRECEDE DEATH? No DATE OF _____
WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Physical findings
(Signed) J. B. Ridge M. D.
(Address) Bowling Green, 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.

9. BIRTHPLACE (CITY OR TOWN) Pike Co. Mo.
(STATE OR COUNTRY)

10. NAME OF FATHER Edward Culwell

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

12. MAIDEN NAME OF MOTHER Nancy Willis

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

14. INFORMANT Barbara Stevens
(Address) Curryville Mo

15. FILED 7/10 1929 BY W. J. DeWitt REGISTRAR
Bowling Green Mo

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Siloam Cemetery DATE OF BURIAL Jan 3rd 1929

20. UNDERTAKER Grace Bankhead ADDRESS Bowling Green Mo

CAUSE OF DEATH... PHYSICIANS should state... EXACT STATEMENT OF OCCUPATION IS VERY IMPORTANT... AGE should be stated EXACTLY... FILED

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ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH *Dike*
 County *Dike* Registration District No. *685-* File No. *20*
 Township *Indian* Primary Registration District No. *5909B* Registered No. *9*
 City (No.) St. Ward)

2. FULL NAME *Sarah Collins Stevens*
 (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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *F* 4. COLOR OR RACE *W* 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) *wid*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Johnson Stevens*

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *Aug. 24. 1844*

7. AGE YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<i>84</i>	<i>4</i>	<i>7</i>	

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

9. BIRTHPLACE (CITY OR TOWN) *Dike Co Mo*
 (STATE OR COUNTRY)

10. NAME OF FATHER *Edward Caldwell*

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

12. MAIDEN NAME OF MOTHER *Mary Willis*

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

14. INFORMANT *Barbara Stevens*
 (Address) *Curveville Mo*

15. FILED *Mar 15. 1929* *H. H. Mahway* REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *JAN 11 1929*

17. I HEREBY CERTIFY That I attended deceased from *Dec 28 1928* to *Jan 1 1929* that I last saw her alive on *Dec 29 1928*, and that death occurred, on the date stated above, at *11 P.M.*

THE CAUSE OF DEATH* WAS AS FOLLOWS: *Broncho-pneumonia*

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) (duration) yrs. mos. 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? *Physical findings*
 (Signed) *J. B. Digger* M. D.
Jan 1 1929 (Address) *Bowling Green Mo*

*State the DISEASE CAUSING DEATH, or in death from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL *Silvan Cemetery* DATE OF BURIAL *Jan 3rd 1929*
 20. UNDERTAKER *Grace Bankhead* ADDRESS *Bowling Green Mo*

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state USE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

SUPPLEMENTARY

S-2945