8 23 1929

82
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N I Cunningham

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

Do not use this space. 2956

1. PLACE OF DEATH
County Pike — Registration District No. 689 — File No.
Township — Primary Registration District No. 3033 — Registered No.
City Louisiana (No. 821 Maryland & Maryland St. Ward)

2. FULL NAME James Norman Stewart
(a) Residence No. 9th & Maryland St., 821 Maryland 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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 1-14-29

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ___ hrs. or ___ min.
—	—	4	

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Louisiana Mo

PARENTS
10. NAME OF FATHER: ~~Chas~~ Jas Burnett
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Pike Co Mo
12. MAIDEN NAME OF MOTHER: Rachael Stewart
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Pike Co Mo

14. INFORMANT: Chas Morton
(Address) Louisiana Mo

15. FILED 7/18, 1929 F C Hally Jr. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 7/18 1929

17. I HEREBY CERTIFY, That I attended deceased from 1/14/29 ~~[illegible]~~, 1929, to 1/18/29, 19.. that I last saw him alive on 1/18, 1929, and that death occurred, on the date stated above, at 5:30 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Status Lymphaticus
62
(duration) yrs. mos. 4 ds.

CONTRIBUTORY (SECONDARY) none
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? at place of death.
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) C Cunningham, M. D
7/18, 1929 (Address) Louisiana 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: Fairview Pike Co Mo ~~Riverview~~ Louisiana Mo
DATE OF BURIAL: 7/19 1929

20. UNDERTAKER: F C Hally Jr.
ADDRESS: Louisiana 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.