

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

Do not use this space.

5557

1. PLACE OF DEATH

County... Burnham

Registration District No. 85

File No.

Township.....

Primary Registration District No. 1001

Registered No. 279

City... St. Joseph

(No. State Hospital for Insane No. 76 St. Ward)

2. FULL NAME

(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. 10 mos. 29 da. How long in U.S., if of foreign birth? yrs. mos. da.

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)

Sept 10, 1905

7. AGE

YEARS 23

MONTHS 5

DAYS 10

If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work... Farmer

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

(c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN)

Linn Co. Mo.

(STATE OR COUNTRY)

Missouri

10. NAME OF FATHER

Arad E. Stevenson

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Linn Co.

(STATE OR COUNTRY)

Missouri

12. MAIDEN NAME OF MOTHER

Helma A. Walker

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Linn Co.

(STATE OR COUNTRY)

Missouri

14.

INFORMANT Arad E. Stevenson

(Address) R. F. D. # 17, Wheeling, Mo.

15.

FILED EB 21 1923

19..... REGISTRAR John B. O'Leary

MEDICAL CERTIFICATE OF DEATH

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

Feb. 20, 1929.

17.

I HEREBY CERTIFY That I attended deceased from March 19, 1929 to Feb 20, 1929 that I last saw him alive on Feb 20, 1929, and that death occurred, on the date stated above, at 9:40 P. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Bronch. Pneumonia.

107th

(duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY)

10000

(duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

18. DID AN OPERATION PRECEDE DEATH. DATE OF.....

WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) J. R. Bunch, M. D.

2/20/29 (Address) State Hosp # 2

*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

DATE OF BURIAL

Wheeling, Mo. via auto. Feb 23 1929

20. UNDERTAKER

ADDRESS

Heaton - BeGolder - Bowman 319 So. 10th.

By J. M. Frank

Funeral Home

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.

81 1928
100
99

4.

5.