

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

Do not use this space.

27103

**1. PLACE OF DEATH**

County Butler  
Township Poplar Bluff  
City Poplar Bluff (No. ....)

Registration District No. 89  
Primary Registration District No. 5/31

File No. ....  
Registered No. 145  
St. .... Ward)

**2. FULL NAME** Henry Allen Stewart

(a) Residence. No. Kellytown St., ..... Ward.

Length of residence in city or town where death occurred 1 yrs. 10 mos. 4 ds. How long in U.S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) single

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug. 21 1929

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

17. I HEREBY CERTIFY, That I attended deceased from Aug 15, 1929, to Aug 21, 1929 that I last saw h. alive on Aug 20, 1929, and that death occurred, on the date stated above, at 8:00 A.M.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 17, 1927

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
1 10 4

hemorrhagic dysentery 130.  
120

**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 .....

CONTRIBUTORY (SECONDARY) fever Peritonitis (duration) yrs. mos. 21 ds.

9. BIRTHPLACE (CITY OR TOWN) Kellytown  
(STATE OR COUNTRY) Missouri

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

10. NAME OF FATHER C.L. Stewart

DID AN OPERATION PRECEDE DEATH. no DATE OF .....

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Rock View  
(STATE OR COUNTRY) Missouri

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS clinical  
(Signed) W. F. B. Taylor, M. D.

12. MAIDEN NAME OF MOTHER Virginia Allen  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Oak Ridge  
(STATE OR COUNTRY) Missouri

Apr 1, 1929 (Address) Poplar Bluff 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.

14. INFORMANT C. L. Stewart  
(Address) Kellytown - Poplar Bluff, Mo.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Woodlawn cemetery DATE OF BURIAL Aug. 22 1929

15. FILED 8/21 29 BY BY Cuy REGISTRAR

20. UNDERTAKER A. W. Greer ADDRESS Poplar Bluff, Mo.

Exact statement of OCCUPATION is very important.  
CAUSE OF DEATH in plain terms, so that it may be properly classified.

21 1929  
12

