

SEP 25 1929  
38  
7  
2  
171  
2

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.

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

Do not use this space.

1. PLACE OF DEATH

County Centry  
Township Stanberry  
City Stanberry (No. \_\_\_\_\_)

Registration District No. 314  
Primary Registration District No. 4190

File No. 27439  
Registered No. 30  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Elijah William Stephenson  
(a) Residence. No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

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

M.

4. COLOR OR RACE

W.

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Married

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

Blanche Stephenson

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

Feb. 26 - 1885

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

44

5

6

8. OCCUPATION OF DECEASED

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

Merchant

(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)

Marionville MO

10. NAME OF FATHER

James M. Stephenson

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

MO

12. MAIDEN NAME OF MOTHER

Arena Shelby

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

MO

14.

INFORMANT (Address)

Mrs. Blanche Stephenson  
Stanberry MO

15.

FILED

8/3/29  
Paul S. Bernat  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 2 1929

17. HEREBY CERTIFY, That I attended deceased from Dec 1928 to Aug 2, 1929, that I last saw him alive on Aug 2, 1929, and that death occurred, on the date stated above, at 11, 2, m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Acute valvular heart disease  
5690A  
(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 3 ds.

CONTRIBUTORY (SECONDARY)

Rheumatism

(duration) \_\_\_\_\_ yrs. 6 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?

(Signed) Stephenson, M. D.  
, 19 \_\_\_\_\_ (Address) Stanberry 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

DATE OF BURIAL

Marionville MO

8/4 1929

20. UNDERTAKER

ADDRESS

Kate G. Phillips

Stanberry MO

$$\begin{array}{r}
 1929 - 8 - 2 \\
 1885 - 2 - 26 \\
 \hline
 44 \quad 5 - 6
 \end{array}$$