

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

Do not use this space.

30045

1. PLACE OF DEATH

County Boone
Township Cedar
City Columbia (No. ashland)

Registration District No. 21
Primary Registration District No. 4040

File No. _____
Registered No. 27
St. _____ Ward _____

2. FULL NAME

William Henry Stevens
(a) Residence. No. ashland, Mo. 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 Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED married

5A. ~~IF~~ MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Cora S. Stevens

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 7-11-1869

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
60 2 10

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Restaurant Prop.
(b) General nature of industry, business, or establishment in which employed (or employer) Self.
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Indiana

10. NAME OF FATHER

Henry J. Stevens

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Indiana

12. MAIDEN NAME OF MOTHER

Sarah Jabitzer

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Indiana

14.

INFORMANT Cora S. Stevens
(Address) Ashland, Mo.

15.

FILED 10-1-29 A. G. Nichols, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 9-21-1929

17. I HEREBY CERTIFY, That I attended deceased from 9-21-1929, 1929, to 2-21-1929, 1929, that I last saw him alive on Sept. 9, 1929, and that death occurred, on the date stated above, at 2 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

apoplexy
50 (duration) yrs. mos. 1 ds.

CONTRIBUTORY (SECONDARY)

1740 (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? yes

WHAT TEST CONFIRMED DIAGNOSIS clinical

(Signed) H. B. Pryor, M. D.

9-21, 1929 (Address) Columbia, 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

Mt. Pleasant

9-22, 1929

20. UNDERTAKER

ADDRESS

W. H. Vandeventer

Columbia, Mo.

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.

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246

2

PARENTS

