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

Do not use this space.

39711

1. PLACE OF DEATH

County Buchanan — Registration District No. 85 — File No.

Township — Primary Registration District No. 1001 — Registered No. 1388

City St. Joseph, (No. Charleston Apts, 615 Robidoux St. Ward)

2. FULL NAME Cornelius Ruddell Stewart,

(a) Residence. No. Charleston Apts. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 61 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Married,

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 20, 1858

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
71	2	14	

8. OCCUPATION OF DECEASED

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

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

(c) Name of employer Martin Printing Co.

9. BIRTHPLACE (CITY OR TOWN) Appanoose County, (STATE OR COUNTRY) Iowa,

PARENTS

10. NAME OF FATHER George B. Stewart,

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown, (STATE OR COUNTRY) Kentucky,

12. MAIDEN NAME OF MOTHER Nancy G. Ruddell

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown, (STATE OR COUNTRY) Kentucky,

14. INFORMANT Mrs. P. R. Stewart (Address) Charleston, Apts.

15. FILED DEC 5 1929 19 John G. Jetz REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 4 1929

17. I HEREBY CERTIFY, That I attended deceased from Viewed on, 19, to, 19, that I last saw h alive on, 19, and that death occurred, on the date stated above, at 2:00 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Myocarditis

(duration) 5 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Arterio Sclerosis

(duration) 10 yrs. 0 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? Clinical

(Signed) [signature] Coroner, M.D.

12/5th 29 (Address) St Joseph 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
Mount Mora Cemetery	Dec. 5, 1929
20. UNDERTAKER	ADDRESS
Heaton-BeGole & Bowman	319 S. 10 St.

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.

11 6 1929 9 85 2

King Hill