

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

APR 30 1930

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

Do not use this space.

#3111-a

1. PLACE OF DEATH

County DeWitt
Township Jefferson
City Memphis (No.)

Registration District No. 810
Primary Registration District No. 6055

File No.
Registered No. 15
St. Ward)

2. FULL NAME Henrietta Stevens

(a) Residence No. St. Ward.
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 20, 1856

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, — hrs. or — min.
	<u>73</u>	<u>0</u>	<u>27</u>	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work housewife
(b) General nature of industry, business, or establishment in which employed (or employer).....
(c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN) Peoria
(STATE OR COUNTRY) Ill. / Baltimore

10. NAME OF FATHER James

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Peoria
(STATE OR COUNTRY) Ill.

12. MAIDEN NAME OF MOTHER Not known

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Not known
(STATE OR COUNTRY) Not known

14. INFORMANT Leo Stevens
(Address) Memphis Mo.

15. MAR 18 1930
FILED 19 E. E. Corrie
REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 17, 1929

17. I HEREBY CERTIFY, That I attended deceased from Dec 17, 1929 to Dec 17, 1929, that I last saw Dec 17, 1929 alive on Dec 17, 1929, and that death occurred, on the date stated above, at 7:30 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral Thrombosis
82A
115C (duration) yrs. 2 mos. 1 da.
CONTRIBUTORY acute indigestion
(SECONDARY) (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED Home

IF NOT AT PLACE OF DEATH.....

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

WHAT TEST CONFIRMED DIAGNOSIS? Physical

(Signed) A. E. Platter, M. D.

317, 1530 (Address) Memphis

*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 Memphis cemetery DATE OF BURIAL 12/19 1929

BY UNDERTAKER W. Payne Sons ADDRESS Memphis

