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

Do not use this space.

File No. 999

Registered No. 28

1. PLACE OF DEATH

County: Jackson — Registration District No. 398

Township: Blue — Primary Registration District No. 3019

City: Independence — No. ..... St. ..... Ward)

2. FULL NAME Virginia X Stephens

(a) Residence. No. 920 No. Noland St., ... Ward. (If nonresident, give city or town and State)
(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Female	White	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 22 - 1884

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	45	1	19	

8. OCCUPATION OF DEECEASED
(a) Trade, profession, or particular kind of work: House wife
(b) General nature of industry, business, or establishment in which employed (or employer): At home
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Calloway Co
(STATE OR COUNTRY) Kentucky

PARENTS
10. NAME OF FATHER John J. Wilson
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Hazel
(STATE OR COUNTRY) Kentucky
12. MAIDEN NAME OF MOTHER Lydia J. Mooney
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Puryear
(STATE OR COUNTRY) Tenn

14. INFORMANT Warner Stephens
(Address) 920 No Noland.

15. FILED 1-23, 1930 F L Cook REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1-21 1930

17. I HEREBY CERTIFY, That I attended deceased from Jan 3, 1930, to Jan 21, 1930, that I last saw h. alive on Jan 21, 1930, and that death occurred, on the date stated above, at 1:05 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute Cardiac Dilitation
5 C E
F B
C L
P S
..... (duration) ..... yrs. ..... mos. 18 ds.

CONTRIBUTORY (SECONDARY) Rheumatism
Myocarditis acute
..... (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? ..... DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) F. L. Cook, M. D.
1-21, 1930 (Address) Independence

*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: Mound Grove — DATE OF BURIAL: Jan 23 1930

20. UNDERTAKER: Ed Carson & Son — ADDRESS: Lodge Mo

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