

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

Do not use this space.

3898

1. PLACE OF DEATH

County *Monroe*
Township *Atchafalaya*
City *Grant City* (No. *1*)

Registration District No. *903*
Primary Registration District No. *4545*

File No. _____
Registered No. *2*
St. _____ Ward) _____

2. FULL NAME

(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. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

M

4. COLOR OR RACE

W

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

Single

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

Single

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

April 22, 1909

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

20

9

6

8. OCCUPATION OF DECEASED

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

Teacher

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

2100

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

allendale Mo

10. NAME OF FATHER

Frank J. Stevens

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

allendale Mo

12. MAIDEN NAME OF MOTHER

Ellen J. Gindley

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

allendale Mo

14. INFORMANT (Address)

Frank J. Stevens allendale Mo

15. FILED

2/19/30 John Anderson REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

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

Jan - 28 1930

17.

I HEREBY CERTIFY, That I attended deceased from *Jan 28*, 19*30*, at *Jan 28*, 19*30*, that I last saw him alive on _____, 19____, and that death occurred, on the date stated above, at _____.

THE CAUSE OF DEATH WAS AS FOLLOWS

fractured skull - Can hit right Palm fractured skull 2 miles south Grant City Mo fast driving (duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY)

unstable accident (duration) yrs. mos. da.

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)

Physician findings after death

1/28 1930 (Address) *Grant City 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

Isabelle Cem.

1/30 1930

20. UNDERTAKER

Arch C. Dumble

ADDRESS

Grant City 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.

2/19

PARENTS

