

MAR 25 1930

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

Do not use this space.

4417

1. PLACE OF DEATH  
County Polk Registration District No. 20  
Township Liberty Primary Registration District No. 5280  
City Liberty (No. ....) St. .... Ward) (If nonresident, give city or town and State)

2. FULL NAME Emma Stevens

(a) Residence. No. .... 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 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 L. R. Stevens

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 8 - 1850

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
79 5 24

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work Inmate  
(b) General nature of industry, business, or establishment in which employed (or employer) 200. Home  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jasper, Ark.

10. NAME OF FATHER Joe Shelton

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

12. MAIDEN NAME OF MOTHER Ruth Napier

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

14. INFORMANT Pam R. Rogers, Sup.  
(Address) Liberty, Mo

15. FILED 3/19/30 Wm. H. Garrison  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 2 1930

I HEREBY CERTIFY, That I attended deceased from Jan 25, 1930, to Feb 2, 1930  
that I last saw him alive on Feb 2, 1930, and that death occurred, on the date stated above, at 8 pm m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Pneumonia

(duration) .... yrs. .... mos. 7 ds.

CONTRIBUTORY (SECONDARY) 1078  
(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 BY DIAGNOSIS.....  
(Signed) M. Matthews, M. D.  
July 3, 1930 (Address) Liberty, 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 Cartersville Mo. DATE OF BURIAL 2/5/30

20. UNDERTAKER Church - Archer Co. Liberty Mo ADDRESS

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.

WHILE LIVING IN THIS IS A PERMANENT RECORD

