

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

Do not use this space.

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**1. PLACE OF DEATH**

County Dunklin  
Township Salera  
City \_\_\_\_\_ (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward)

Registration District No. \_\_\_\_\_  
Primary Registration District No. 5408

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_

**2. FULL NAME**

Elmo 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 0 yrs. 1 mos. 0 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 13, 1911

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>19</u>	<u>-</u>	<u>21</u>	

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Farmer  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
(c) Name of employer \_\_\_\_\_

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

PARENTS

10. NAME OF FATHER E. W. Stevens

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

12. MAIDEN NAME OF MOTHER Rhoda Treat

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

14. INFORMANT E. W. Stevens  
(Address) Arbuda, Mo.

15. FILED 3-4, 1931 W. J. Peterson  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3-3 1930

17. I HEREBY CERTIFY, That I attended deceased from 2-24-30 to 3-3-30 1930 that I last saw him alive on 3-3-30 1930, and that death occurred, on the date stated above, at 9:15 P. M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Malnutrition. Typhoid  
38

CONTRIBUTORY (SECONDARY)

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) Eli B. B..., M. D.  
.19 (Address) London, 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 Paragould, Ark. DATE OF BURIAL 3-4 1930

20. UNDERTAKER Liggs Und. Co. Cardwell ADDRESS

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

APR 28 1930

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH.  
 County Staplin Registration District No. 290 File No. \_\_\_\_\_  
 Township Salem Primary Registration District No. 3408 Registered No. 75  
 City \_\_\_\_\_ (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Elmo 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. da. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) A

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 13, 1911

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

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

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

10. NAME OF FATHER G. W. Stevens

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

12. MAIDEN NAME OF MOTHER Anna Treat

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

14. INFORMANT G. W. Stevens  
 (Address) Arbyrd Mo.

15. FILED 57 19 30 H. W. Spideman  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 9 / 3 19 30

17. I HEREBY CERTIFY That I attended deceased from 2-24 to 3-3, 1930  
 that I last saw him alive on 3-3, 1930, and that death occurred, on the date stated above, at 9:15 p. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Malarial Toxemia

(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ da.

CONTRIBUTORY (SECONDARY) \_\_\_\_\_ (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) Eli Back, M. D.  
 , 19 (Address) Cardwell 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 Paragued Ark DATE OF BURIAL 3/4 1930

20. UNDERTAKER Riggs and Co ADDRESS Cardwell

-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should give PERCENTAGE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW.

SUPPLEMENTARY

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