

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

Do not use this space.

26754

1. PLACE OF DEATH

County Jackson
Township Kaw
City Kennett (No. 1315)

Registration District No. 199
Primary Registration District No. 1002

File No. _____
Registered No. 3359
St. _____ Ward _____

2. FULL NAME

John Frank Stewart
(a) Residence No. 1315 Garfield St., 2 Ward.

(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 male 4. COLOR OR RACE negro 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 6-1-1887

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
43 2 8

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Barbershop Porter
(b) General nature of industry, business, or establishment in which employed (or employer).
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Clay Co. Missouri
(STATE OR COUNTRY)

10. NAME OF FATHER Jack Stewart

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

12. MAIDEN NAME OF MOTHER Mary Owens

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

14. INFORMANT Mary Stewart
(Address) 1318 Woodland

15. FILED 8/17/30 M. M. Crowe asst. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 8-9-30

17. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____, that I last saw h. _____ alive on _____, 19____, and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Alcoholism
(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (SECONDARY) 66 B
(duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH _____

9 DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS? Autopsy
(Signed) Deputy coroner, M. D.
8/9/30 (Address) Deputy coroner

*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 Highland Cem DATE OF BURIAL 8-12-30

20. UNDERTAKER Flynn + Brewster ADDRESS Kennett

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.

