NOV 3 1930

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

Do not use this space.

31870

1. PLACE OF DEATH
County Stoddard — Registration District No. 836 — File No.
Township Liberty — Primary Registration District No. 6098A — Registered No. 12
City Bernie (No. ..... St. ..... Ward)

2. FULL NAME Joseph L Stephens
(a) Residence. No. ..... 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: male
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): May 3 - 1871

7. AGE: Years 59 — Months 4 — Days 24 — If LESS than 1 day, ... hrs. or ..... min.

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) (STATE OR COUNTRY): Lowndes, MO

PARENTS
10. NAME OF FATHER: James Stephens
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): not known
12. MAIDEN NAME OF MOTHER: Susan E Long
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): not known

14. INFORMANT: Mary Stephens
(Address): Bernie, Mo

15. FILED 10/4 1930 T Allen REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Sept 27 1930

17. I HEREBY CERTIFY, That I attended deceased from June 7, 1930, to Sept 26, 1930 that I last saw h. alive on Sept 26, 1930, and that death occurred, on the date stated above, at 6 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Hemorrhage from the stomach
About 15 minutes
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY): Ulceration of the stomach (duration) ..... yrs. 3 or 4 mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? No DATE OF +
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical History
(Signed) T Allen, M. D
10/4, 1930 (Address) Bernie, 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: Bernie Cem — DATE OF BURIAL: 9-28 1930

20. UNDERTAKER: BMS Hopkins — ADDRESS: Bernie 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.