

NOV 20 1930

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

Do not use this space.

33403

File No. 89

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

## 1. PLACE OF DEATH

County Lafayette

Registration District No. 461

Township Lexington

Primary Registration District No. 5625

City \_\_\_\_\_

(No. \_\_\_\_\_ St. \_\_\_\_\_ Ward)

## 2. FULL NAME

Frank Cooley Stewart

(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 7 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

White

## 5. SINGLE, MARRIED, WIDOWED OR

DIVORCED (write the word)

Married

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

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

Nov 7 - 1856

## 7. AGE

73

11

16

If LESS than 1  
day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.

## 8. OCCUPATION OF DECEASED

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

Retired farmer.

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

(c) Name of employer

## 9. BIRTHPLACE (CITY OR TOWN)

Lexington Mo.

(STATE OR COUNTRY)

## 10. NAME OF FATHER

John Stewart

## 11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Kentucky.

(STATE OR COUNTRY)

## 12. MAIDEN NAME OF MOTHER

Georgia Withers

## 13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Kentucky

(STATE OR COUNTRY)

## 14. INFORMANT

Maxine Stewart

(Address)

Lexington Mo.

## 15.

Oct 25 1930 J. W. Fredendall

REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 23 1930

17.

I HEREBY CERTIFY, That I attended deceased from  
June 1<sup>st</sup>, 1930, to Oct 23<sup>rd</sup>, 1930.  
that I last saw him alive on Oct 17<sup>th</sup>, 1930, and that  
death occurred, on the date stated above, at 3:45 P. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Angina Pectoris  
99  
99

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

CONTRIBUTORY  
(SECONDARY)

Arterio sclerosis

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

## 18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

8 DID AN OPERATION PRECEDE DEATH? DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed)

J. W. Fredendall, M. D.

Oct 25, 1930

(Address) Lexington 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

M: Phelps

## DATE OF BURIAL

10/26 1930

## 20. UNDERTAKER

Phinney &amp; Sons

## ADDRESS

Lexington 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.

STATE OF MISSOURI; WITH CHANGING INDEX THIS IS A PERMANENT RECORD

