

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

Do not use this space.

34725

1. PLACE OF DEATH

County _____ Registration District No. 701
 Township _____ Primary Registration District No. 1023
 City St Louis Mo (No. Mo Rep San) St. _____ Ward _____

File No. _____
 Registered No. 10117

2. FULL NAME

Luman Stevens
 (a) Residence. No. _____ St. 17 Ward. Dixon Mo
 (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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>
-----------------------	----------------------------------	--

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 13-1861

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
<u>69</u>	<u>5</u>	<u>9</u>		

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired
 (b) General nature of industry, business, or establishment in which employed (or employer) P.R. Agent
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) New York
 (STATE OR COUNTRY) _____

10. NAME OF FATHER Luman Stevens

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

12. MAIDEN NAME OF MOTHER Jessie Elliott

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

14. INFORMANT Fred Gilbert
 (Address) Dixon Mo

15. FILED 8 10 30 Max C. [Signature] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct. 22-1930

17. I HEREBY CERTIFY, That I attended deceased from Oct 6, 1930, to Oct 25, 1930 that I last saw him alive on Oct 25-1930, and that death occurred, on the date stated above, at 11:45 A. m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

arterial sclerosis

127
914
97
 (duration) Indefinite yrs. mos. ds.

CONTRIBUTORY Coronary embolus
 (SECONDARY) (duration) _____ yrs. mos. ds.

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

DID AN OPERATION PRECEDE DEATH? yes DATE OF Oct-9-30
 WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical findings
 (Signed) Robert [Signature] M. D.
 (Address) St Louis 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 Dixon Mo DATE OF BURIAL Oct 25-1930

20. UNDERTAKER Wm Ambuster Mdd Co 4234 Manchester ADDRESS _____

EXACTLY. PHYSICIANS should state Statement of OCCUPATION is very important.

ated by check marks, lacking from the death certificate:

Name: Luman Stevens

Who died at: St Louis, Mo. on Oct. 22, 1930,

Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____

Sex: _____ Color or race: _____ Single, married, widowed or divorced: _____

Date of birth: _____ Age: Years _____ Months _____ Days _____

Occupation: (a) Trade _____ (b) Industry: _____

Birthplace (State or country) _____

Birthplace of father (State or country) _____

Birthplace of mother (State or country) _____

CAUSE OF DEATH: Arterial Sclerosis

Contributory: Coronary Embolus

Operation for Hypertrophy Prostate, Information given over

Where was disease contracted? Phone by Dr. Robt. Veillard, Sec. of U.S.

Did operation precede death? Yes Date of 6-16-31

Was there an autopsy? _____ What test confirmed diagnosis? _____

Every item of information short of PA

S-34725