DEC 2 - 1930

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

Do not use this space.

35294

1. PLACE OF DEATH
County Barrey
Township Pioneer
City Pioneer
Registration District No. Cr Monett [illegible]
Primary Registration District No. [illegible]
File No.
Registered No. 2[illegible]
(No. St. Ward)

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

PERSONAL AND STATISTICAL PARTICULARS

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

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

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

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
69		7	10	

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

9. BIRTHPLACE (CITY OR TOWN) Fayetville
(STATE OR COUNTRY) Washington County, Ark.

PARENTS
10. NAME OF FATHER W. S. Privett
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Fayetville
(STATE OR COUNTRY) Washington County, Ark.
12. MAIDEN NAME OF MOTHER Jane Pierson
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Fayetville
(STATE OR COUNTRY) Washington County, Ark.

14. INFORMANT W. F. Stewart
(Address) Purdy, Missouri

15. FILED Nov 30, 1930 Lemuel R. Parnell
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 29 1930

17. I HEREBY CERTIFY, That I attended deceased from March 1st, 1930, to ..., 19..., that I last saw her alive on Nov. 28, 1930, and that death occurred, on the date stated above, at ... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Artero-Sclerosis!
(duration) 8 yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Age
(duration) yrs. mos. ds.

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) S A Russell, M. D.
, 19 (Address) Fairview 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	DATE OF BURIAL
Muncy Chappel	Dec 1, 1930
20. UNDERTAKER J. H. White	ADDRESS Fairview 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.

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: Lawrence — Registration District No.: 30 — File No.:
Township: — Primary Registration District No.: 30 0 3 — Registered No.:
City: Monett (No. ..., ... St. ... Ward)

2. FULL NAME: Amanda Magnolia 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 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

SUPPLEMENTARY

PERSONAL AND STATISTICAL PARTICULARS

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

5a. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF: W. F. Stewart

6. DATE OF BIRTH (MONTH, DAY AND YEAR): April 19 1861

7. AGE: Years 69 — Months 7 — Days 10 — If LESS than 1 day, ... hrs. or ... min.

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

9. BIRTHPLACE (CITY OR TOWN): Fayetteville
(STATE OR COUNTRY): Washington Co. Ark

PARENTS

10. NAME OF FATHER: W. A. Prewitt
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Fayetteville
(STATE OR COUNTRY): Washington Co. Ark
12. MAIDEN NAME OF MOTHER: Jane Pierson
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Fayetteville
(STATE OR COUNTRY): Washington Co. Ark

14. INFORMANT: W. F. Stewart
(Address): Purdy Mo.

15. FILED 1-5-, 1931 — W. M. Wisk — REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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... (duration) 8 yrs. ... mos. ... ds.
CONTRIBUTORY (SECONDARY): age
... (duration) ... yrs. ... mos. ... ds.

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19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Muncy Chappel Rec — DATE OF BURIAL: 1 19 30
20. UNDERTAKER: J. H. White — ADDRESS: Fairview Mo

A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

N. B. ... informs ... care ... CAUSE OF DEATH in ... that it may be prop... classi...

REGIST... ... of ... ATION is very important.

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