

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

Do not use this space.

39794

1. PLACE OF DEATH

County Jasper

Registration District No. 411

File No.

Township

Primary Registration District No. 222

Registered No.

City Joplin, Mo. (No.) St. Ward)

2. FULL NAME

Mrs. Eva M. Stevens

(a) Residence. No. 1705 Wall 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 Female 4. COLOR OR RACE Wh. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED Mar. (write the word)

5. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF W. L. Stevens

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 28-1869

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 68 5 7

8. OCCUPATION OF DECEASED

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

10. NAME OF FATHER Samuel Kirby Robinson

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

12. MAIDEN NAME OF MOTHER Elizabeth Jane Kayser

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

14. INFORMANT W. L. Stevens (Address) 1705 Wall St.

15. FILED 12-8-1930 Abner Clark REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 5 1930

17. I HEREBY CERTIFY, That I attended deceased from Nov. 28, 1930, to Dec. 5, 1930, that I last saw her alive on Dec. 5, 1930, and that death occurred, on the date stated above, at 5 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

chronic valvular heart disease
92A

CONTRIBUTORY (SECONDARY) POW (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?

WHAT TEST CONFIRMED DIAGNOSIS? (Signed) Roy E. Myers, M. D. 1930 (Address) Joplin, 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 Osark Memorial Dec 8 1930

20. UNDERTAKER Bank-Sears Co ADDRESS Joplin, Mo.

WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

JAN 20 1931

PARENTS

