

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

Do not use this space.

661

File No. 10  
Registered No. 218  
St. \_\_\_\_\_ Ward \_\_\_\_\_

FEB 18 1931

**1. PLACE OF DEATH**  
 County Cooper Registration District No. 218  
 Township \_\_\_\_\_ Primary Registration District No. 3015  
 City Brownville (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** Mrs Isabelle Stevens  
 (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** Female **4. COLOR OR RACE** white **5. SINGLE, MARRIED, WIDOWED OR DIVORCED** Widowed  
(write the word)

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

**6. DATE OF BIRTH** (MONTH, DAY AND YEAR) Sept 17-1841

<b>7. AGE</b>	<b>YEARS</b>	<b>MONTHS</b>	<b>DAYS</b>	<b>IF LESS than 1 day, _____ hrs. or _____ min.</b>
	<u>89</u>	<u>4</u>		

**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) Kentucky  
 (STATE OR COUNTRY) \_\_\_\_\_

**10. NAME OF FATHER** Otho Williams

**11. BIRTHPLACE OF FATHER** (CITY OR TOWN) Kentucky  
 (STATE OR COUNTRY) \_\_\_\_\_

**12. MAIDEN NAME OF MOTHER** Mary Stevens

**13. BIRTHPLACE OF MOTHER** (CITY OR TOWN) Kentucky  
 (STATE OR COUNTRY) \_\_\_\_\_

**14. INFORMANT** Miss Florence Stevens  
 (Address) Brownville, Mo

**15. FILED** 1/20 1931  
G. A. Russell REGISTRAR

**3 MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH** (MONTH, DAY AND YEAR) Jan 17<sup>th</sup> 1931

**17. I HEREBY CERTIFY**, That I attended deceased from Jan 15<sup>th</sup> 1931, to Jan 17<sup>th</sup> 1931, 1931.  
 That I last saw h. er alive on Jan 17<sup>th</sup> 1931, and that death occurred, on the date stated above, at 6:30 p. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
In a ction of Hip

**CONTRIBUTORY (SECONDARY)** Arthritis  
 (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ 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

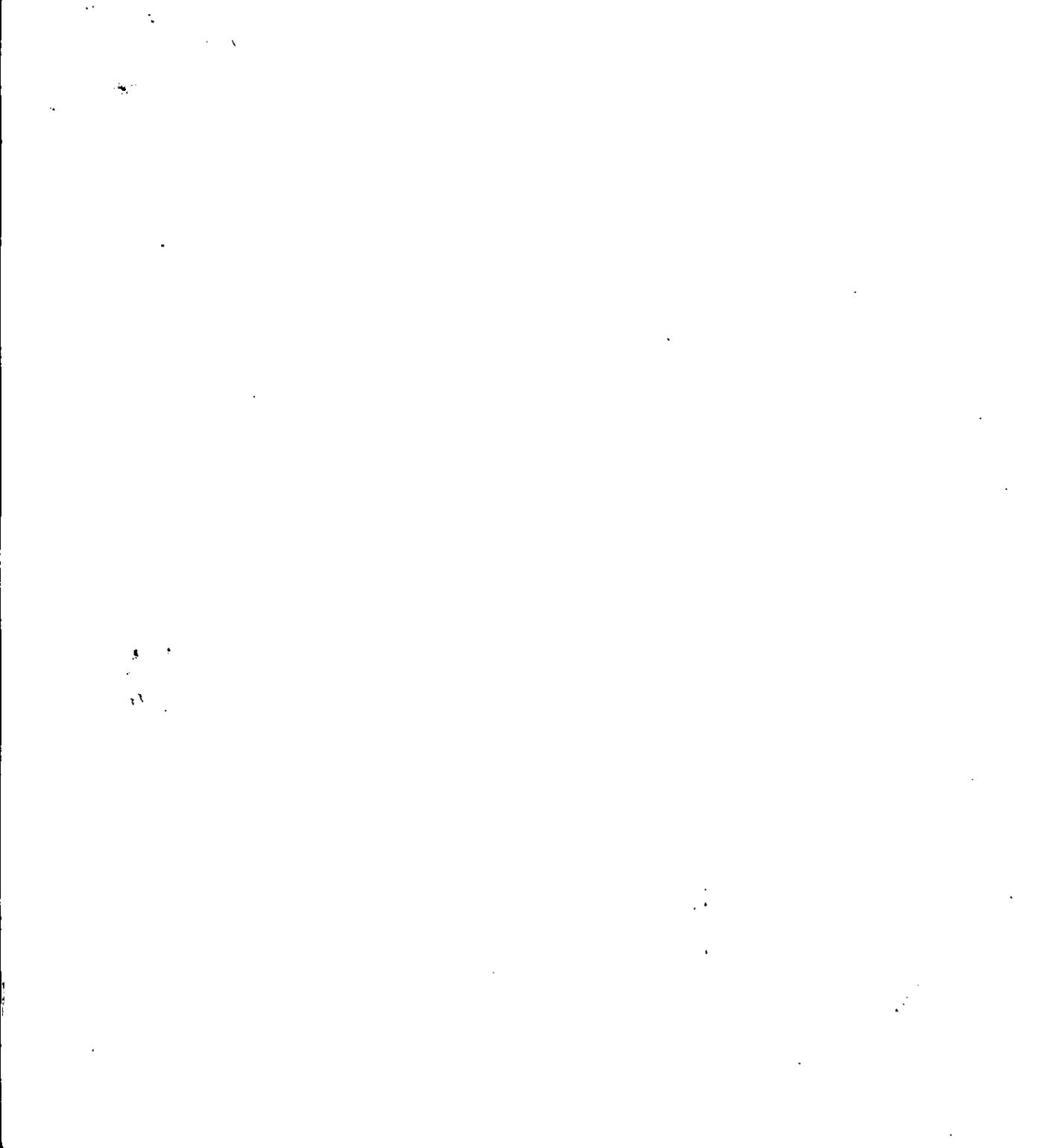
**WHAT TEST CONFIRMED DIAGNOSIS?** Clinical  
 (Signed) B. L. Evans, M. D.

\*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** Walnut Grove Cem. **DATE OF BURIAL** Jan 19 1931

**20. UNDERTAKER** Godman & Bolter **ADDRESS** Brownville, Mo

K. 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.



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REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

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 Cooper  
Township Boonville  
City Boonville (No. \_\_\_\_\_)

Registration District No. 218  
Primary Registration District No. 3013-

File No. 10  
Registered No. 218  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Isabelle Sivens

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

OCCUPATION  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.  
10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_

11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER FATHER  
13. NAME

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE \_\_\_\_\_ DATE \_\_\_\_\_ 19\_\_\_\_

19. UNDERTAKER (ADDRESS)

20. FILED 1/20 1931 Ja Russell Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 17 1931

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said

to have occurred on the date stated above, at \_\_\_\_\_ m.

The principal cause of death and related causes of importance were as follows:

Fracture of hip  
A fall  
Date of onset \_\_\_\_\_

Other contributory causes of importance:

Arthritis  
1860  
Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Maanner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_

If so, specify \_\_\_\_\_

(Signed) \_\_\_\_\_, M. D.

(Address) \_\_\_\_\_

S-6101

1949-50