

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

Do not use this space.

4724

1. PLACE OF DEATH
 12 County Butler Registration District No. 89
 2 Township Paylor Primary Registration District No. 3007
 1 City Paylor (No. _____) St. _____ Ward _____

2. FULL NAME Clayd, Gled. Stephens
 (a) Residence, No. Birnie, Mo. 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June-26-1922

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>8</u>	<u>7</u>	<u>26</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Infant.

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) Stoddard Mo.

FATHER
 13. NAME George Stephens
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Gen. Mo.

MOTHER
 15. MAIDEN NAME Jess. Maye.
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ark.

17. INFORMANT George Stephens
 (ADDRESS) Birnie Mo.

18. BURIAL, CREMATION OR REMOVAL
 PLACE Birnie DATE 2-23-31

19. UNDERTAKER Hopkins
 (ADDRESS) Birnie Mo.

20. FILED Feb 24, 1931 B. J. Clime Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 22, 1931

22. I HEREBY CERTIFY, That I attended deceased from Feb-20-1931 to Feb-22-1931
 I last saw him alive on Feb-22, 1931. Death is said to have occurred on the date stated above, at 12:30 am.
 The principal cause of death and related causes of importance were as follows:
Peritonitis
 Date of onset 2-8-31

Other contributory causes of importance:
12/12/18
Appendicitis

Name of operation appendectomy Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? no 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. no

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) W. P. [Signature] M. D.
 (Address) Paylor Butte, 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.

