

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

Do not use this space.

5611

1. PLACE OF DEATH

County Jackson Registration District No. 200
 Township Law Primary Registration District No. 100 File No. 7112
 City Kansas City, Mo. (No. Florence Crittenton Hwy) St. (Ward)

2. FULL NAME

Donald Eugene Stewart
 (a) Residence No. Florence Crittenton Hbme 3003 Woodland
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred yrs. 3 mos. 2 ds. 4 How long in U.S., if of foreign birth? yrs. mos. ds.

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
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. II-30
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
 3 2
 8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Chief
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) F. C. H. K. C. Mo.
 (STATE OR COUNTRY)

10. NAME OF FATHER Frank Hird
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) unknown
 (STATE OR COUNTRY) Kansas
 12. MAIDEN NAME OF MOTHER Grace Stewart
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Pawnee City
 (STATE OR COUNTRY) Neb.

14. INFORMANT Superintendent
 (Address) 3003 Woodland

15. FILED 7/13, 31 M. M. Craven
Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

Friday
 16. DATE OF DEATH (MONTH, DAY AND YEAR) Febr 13 1931
 17. I HEREBY CERTIFY, That I attended deceased from Nov 11 1931, to Feb 13 1931, that I last saw him alive on Feb 12 1931, and that death occurred, on the date stated above, at 12:10 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Enlarged Thyroid
S9A
67 (duration) yrs. 3 mos. 2 ds.
 CONTRIBUTORY (SECONDARY) Otitis media
 (duration) yrs. mos. 14 ds.

18. WHERE WAS DISEASE CONTRACTED at home
 IF NOT AT PLACE OF DEATH no
 DID AN OPERATION PRECEDE DEATH? no DATE OF
 WAS THERE AN AUTOPSY? yes
 WHAT TEST CONFIRMED DIAGNOSIS Autopsy
 (Signed) Charles Eldridge, M. D.
Feb 13, 1931 (Address) 6247 Brookside

*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 Maple Hill DATE OF BURIAL 2-16-1931

20. UNDERTAKER Clyde Funeral Home 1800 Lenwood ADDRESS

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.

