MAR 26 1931

# BUREAU OF VITAL STATISTICS
## CERTIFICATE OF DEATH

6488

1. PLACE OF DEATH
County Nodaway
Township ~~[illegible]~~
City Quitman (No. 4378 St. Ward)
Registration District No. 628
Primary Registration District No. ~~5830~~
File No. 252
Registered No.

2. FULL NAME Everly Zane Stein
(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 (*write* the word) single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF —
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 16 - 1931
7. AGE Years 0 Months 0 Days 12 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) Quitman
(STATE OR COUNTRY) Mo.

PARENTS
10. NAME OF FATHER Carl Stein
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Mo.
12. MAIDEN NAME OF MOTHER Ollie Graham
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Arkansas

14. INFORMANT Carl Stein
(Address) Quitman Mo

15. FILED 1931 3/7
J E Jones REGISTRAR

### MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 27 1931
17. I HEREBY CERTIFY, That I attended deceased from Feb 27, 1931, to Feb 27, 1931 that I last saw him alive on Feb 27, 1931, and that death occurred, on the date stated above, at 10/30 a.m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Double Lobar Pneumonia
(duration) — yrs. — mos. 3 ds.
CONTRIBUTORY (SECONDARY) Influenza
(duration) — yrs. — mos. 7 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) Dr. J. C. Manning, M.D.
Feb 27 1931 (Address) Skidmore 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 M Cemetary Maryville
DATE OF BURIAL Feb 28 1931
20. UNDERTAKER Price Furniture Co
ADDRESS Maryville Mo.

WRITE PLAINLY, 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.