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.

APR 23 1931

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

Do not use this space. C. A. Tucker 200½ W. Comd

9568

File No. 177

Registered No.

1. PLACE OF DEATH

County Greene — Registration District No. 218

Township N. Campbell — Primary Registration District No. 5434

City Springfield Mo. (No. Rt. 6 St. Ward)

2. FULL NAME James T. Stevenson

(a) Residence, No. Rt. 6 St., Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): widowed

5A. IF ~~MARRIED~~, WIDOWED, ~~OR DIVORCED~~ HUSBAND OF (OR) WIFE OF: Mary (Dec)

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): March 12 1843

7. AGE: YEARS 87 — MONTHS 11 — DAYS 23 — If LESS than 1 day, ...hrs. or ...min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retd Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 1
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): Illinois 2

FATHER

13. NAME: Joseph Stevenson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Maryland

MOTHER

15. MAIDEN NAME: Louisa Thomas
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): 31

17. INFORMANT (ADDRESS): Mrs. E. R. Steere Rt. 6 - Springfield, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Wheeling, Mo. DATE 1931

19. UNDERTAKER (ADDRESS): Alma Lohmeyer F. Home Springfield, Mo.

20. FILED 3-15-1931 Lon Sharp Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): March 5, 1931

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1931, to Mch 5, 1931
I last saw him alive on Mch 4th, 1931. Death is said to have occurred on the date stated above, at 5:45 a.m.
The principal cause of death and related causes of importance were as follows:

General Senility

135

Other contributory causes of importance:
1350 Cystitis
167

Date of onset

Name of operation: none — 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.
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? —
If so, specify —

(Signed) C. A. Tucker, M. D.
(Address) 200½ W Comd St

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