

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

Do not use this space.

1. PLACE OF DEATH

County Jefferson
Township Law
City Kansas

Registration District No. _____
Primary Registration District No. _____

File No. 9782
Registered No. 1931
St. _____ Ward _____

2. FULL NAME

Lloyd Stevenson
(a) Residence No. 311-E-6 St. Ward 1
(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. 4 mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Cauc 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) Oct. 25, 1929

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
1 14 6

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work child
(b) General nature of industry, business, or establishment in which employed (or employer) at home
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Kansas city, Mo
(STATE OR COUNTRY)

10. NAME OF FATHER W. Stevenson

11. BIRTHPLACE OF FATHER (CITY OR TOWN) unknown
(STATE OR COUNTRY) Mississippi

12. MAIDEN NAME OF MOTHER D. Crawford

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) the same
(STATE OR COUNTRY) Missouri

14. INFORMANT Lloyd Stevenson
(Address) 311 E 6 St #2

15. FILED 3/3/31 M. M. Crave
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3-1 1931

17. I HEREBY CERTIFY, That I attended deceased from 2-21 1931, to 3-1 1931, that I last saw him alive on 3-1 1931, and that death occurred, on the date stated above, at 7:45 A. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pulmonary Tuberculosis

CONTRIBUTORY (SECONDARY) _____ (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
0 IF NOT AT PLACE OF DEATH no

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

19. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS clinical
(Signed) D. M. Miller, M. D.
3/1 (Address) General Hospital #2

*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 Blue Ridge Lawn DATE OF BURIAL March 5, 1931

20. UNDERTAKER Adkins Bros. ADDRESS 2000 E, 12

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.

