

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

1. PLACE OF DEATH

County North
Township Allen
City (No.)

Registration District No. 905
Primary Registration District No. 6216

File No. 13017
Registered No.
St. Ward)

2. FULL NAME

(a) Residence. No. 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.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX 44 4. COLOR OR RACE 10 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. 18 1931

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 1 12

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) North Co. Mo.
(STATE OR COUNTRY)

10. NAME OF FATHER John Stephenson

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

12. MAIDEN NAME OF MOTHER Dorothy Grace

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Mo.
(STATE OR COUNTRY)

14. INFORMANT L. H. Grace
(Address) Allen, Mo.

15. April 10 1931 Mrs. Mays Long
REGISTRAR

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 30 1931

17. I HEREBY CERTIFY, That I attended deceased from March 20, 1931, to March 30, 1931, that I last saw him alive on March 20, 1931, and that death occurred, on the date stated above, at 2 - A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

2000
Unknown
Unknown
CONTRIBUTORY (SECONDARY) Unknown
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.

0 DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Phys. Exam

(Signed) Lucas N. Long M.D.
, 19 (Address) Allen, 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 Home Star DATE OF BURIAL 3/31 1931

20. UNDERTAKER Bram Moss ADDRESS Denver

CRUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

APR 27 1931

