

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

Do not use this space.

13454

**1. PLACE OF DEATH**

County Cass Registration District No. 152  
Township Campbranch Primary Registration District No. 5216  
City (No. )

File No. \_\_\_\_\_  
Registered No. 5  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Lenora Fern Stewart  
(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) March 22 - 1929

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
2 0 14

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work at home  
(b) General nature of industry, business, or establishment in which employed (or employer)  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Eight mile Mo.  
(STATE OR COUNTRY)

10. NAME OF FATHER Henry A. Stewart

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

12. MAIDEN NAME OF MOTHER Elizabeth McKinney

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

14. INFORMANT A. de Hartzler  
(Address) East Lynne Mo

15. FILED 4/8 1931 REGISTRAR A. de Hartzler

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 6 1931

17. I HEREBY CERTIFY, That I attended deceased from 4-6 1931, to 4-6 1931 that I last saw her alive on 3-30 1931 and that death occurred, on the date stated above, at 2.30 PM m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
accidental drowning  
fell head first in 10 gal  
jar 1/3 full water  
(duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY) 183  
(duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH?..... DATE OF.....

WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS  
(Signed) David Strong M. D.  
(Address) Houma 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 Orient at Harrisonville DATE OF BURIAL 4/8 1931

20. UNDERTAKER A. de Hartzler ADDRESS East Lynne Mo

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.

MAY 2 1 1931

WHITE PLAINLY. WITH UNFADING INK---THIS IS A PERMANENT RECORD

