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 25 1931

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

Do not use this space.

14688

File No.

Registered No.

Registration District No. 431

Primary Registration District No. 3023

51 6 7

1. PLACE OF DEATH

County Johnson.

Township Warrensburg,

City Warrensburg, (No. , St. Ward)

2. FULL NAME Charles W Stewart

(a) Residence, No. 415 W Gay St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. COLOR OR RACE: W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mattie E Stewart

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July, 22, 1851

7. AGE: YEARS 79 | MONTHS 9 | DAYS 7 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. City Street Com

10. Date deceased last worked at this occupation (month and year) 1926

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Terre Haut Ind.

FATHER

13. NAME Charles Stewart

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown,

MOTHER

15. MAIDEN NAME Unknown,

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown,

17. INFORMANT W. A. Gauxbert
(ADDRESS) Warrensburg. Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Warrensburg DATE April, 30, 1931

19. UNDERTAKER S. R. Sweeney,
(ADDRESS) Warrensburg, Mo.

20. FILED April 29, 1931 Wm J Patterson Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April, 28, 1931

22. I HEREBY CERTIFY, That I attended deceased from April 24, 1931, to April 29, 1931

I last saw him alive on April 28, 1931. Death is said to have occurred on the date stated above, at 1 A m.

The principal cause of death and related causes of importance were as follows:

Acute encephalitis haemorr. Date of onset 4/24/31
Myasthenia
S/B
Hes

Other contributory causes of importance:
Senility

S/B

Name of operation — Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? 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) O. B. Hall, M. D.
(Address) Warrensburg Mo