

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

Do not use this space.

20192

1. PLACE OF DEATH

County Saline
Township
City Marshall, mo (No.)

Registration District No. 796
Primary Registration District No. 3038

File No.
Registered No. 80 St. Ward)

2. FULL NAME Mary Elizabeth Stevens

(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 1, 1867
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 66 7 4
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1865
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.....

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Joe Stevens

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bath Co. Kentucky

13. NAME Jessie Crosser
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

15. MAIDEN NAME Eliza Craig
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bath Co. Kentucky

17. INFORMANT (ADDRESS) Mrs Stevens (Husband)

18. BURIAL, CREMATION, OR REMOVAL PLACE Marshall, mo DATE May 16, 1931

19. UNDERTAKER (ADDRESS) J. L. Sweeney

20. FILED 5-20 1931 Mrs. John H. McQuire Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 14, 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct 26, 1930 to May 14, 1931
I last saw him at alive on May 13, 1931. Death is said to have occurred on the date stated above, at 7:15 p.m.
The principal cause of death and related causes of importance were as follows:

Chronic Intestinal - nephritis
66 B
131
60 B
Date of onset

Other contributory causes of importance: Toxic Poison

Name of operation None Date of None
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? No
If so, specify
(Signed) A. B. Jones M. D.
(Address) Marshall mo

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.

MAY 29 1931

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