

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

Do not use this space.

20487

1. PLACE OF DEATH

County Bates Registration District No. 47
 Township Nea Creek Primary Registration District No. 4027
 City Adrian (No. _____) St. _____ Ward _____

File No. _____
 Registered No. 23

2. FULL NAME

John Ludwig Stevenson
 (a) Residence No. _____ St. _____ Ward _____
 (Usual place of abode) _____
 Length of residence in city or town where death occurred yrs. mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Willa Lee Stevenson</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 13 - 1890</u>		
7. AGE <u>41</u> YEARS	<u>3</u> MONTHS	<u>3</u> DAYS
If LESS than 1 day, _____ hrs. or _____ min.		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer 1</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Near Archie Mo</u>		
13. NAME <u>John B. Stevenson</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Lewington Ky.</u>		
15. MAIDEN NAME <u>Martha E. Fayley</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Richmond Va.</u>		
17. INFORMANT (ADDRESS) <u>Willa Lee Stevenson</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Forest Hill</u> DATE <u>June 18 1931</u>		
19. UNDERTAKER (ADDRESS) <u>breath and life adrian</u>		
20. FILED <u>7-1-1931</u> <u>D. H. W. Tuttle</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 16 - 1931

22. I HEREBY CERTIFY, That I attended deceased from June 6, 1931, to June 16, 1931.
 I last saw him alive on June 16, 1931. Death is said to have occurred on the date stated above, at 830 P.M..
 The principal cause of death and related causes of importance were as follows:
Tuberculosis (Pulmonary)
 Date of onset 23 A
23
 Other contributory causes of importance:
low brown

Name of operation none Date of _____
 What test confirmed diagnosis? clinical Was there an autopsy? no

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? no
 If so, specify _____
 (Signed) E. E. Johnson, M. D.
 (Address) Adrian 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.

JUL 22 1931

