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 23 1931

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

Do not use this space.

20914

1. PLACE OF DEATH
County: Clinton — Registration District No.: 206 — File No.:
Township: — Primary Registration District No.: 4124 — Registered No.: 17
City: Lathrop (No. ... St. ... Ward)

2. FULL NAME: Ulysess Grant Stephens

(a) Residence. No. ... St., ... Ward. ... (If nonresident give city or town and State)
(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

3. SEX: M.
4. COLOR OR RACE: W.
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): July 25 1863

7. AGE: Years 67 — Months 10 — Days 6 — If LESS than 1 day, ... hrs. or ... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Painter 63
(b) General nature of industry, business, or establishment in which employed (or employer): Decorator
(c) Name of employer:

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mercer Co. Mo. 1

PARENTS
10. NAME OF FATHER: John F. Stephens.
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Illinois
12. MAIDEN NAME OF MOTHER: Sarah E. Lowe.
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Missouri 1

14. INFORMANT: Frank H. Kendall
(Address): Youngstown Ohio

15. FILED 6-1-1931 J. T. Kinsey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR): 6-1- 1931

17. I HEREBY CERTIFY, That I attended deceased from 5-20, 1931, to 6-1-, 1931, that I last saw him alive on 5-31-, 1931, and that death occurred, on the date stated above, at 1.30 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Alcoholism
75B
(duration) — yrs. — mos. — ds.

CONTRIBUTORY (SECONDARY): Arterio Sclerosis & Hypertension (duration) — yrs. — mos. — ds.

18. WHERE WAS DISEASE CONTRACTED
8 IF NOT AT PLACE OF DEATH? 75
DID AN OPERATION PRECEDE DEATH? ... DATE OF ...
WAS THERE AN AUTOPSY? ...
WHAT TEST CONFIRMED DIAGNOSIS? ...

(Signed) E. B. Dunkeson, M. D.
, 19 (Address) Lathrop 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: Lathrop Cemetery — DATE OF BURIAL: 6/2 1931

20. UNDERTAKER: Moss Crunk — ADDRESS: Lathrop, Mo.