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.

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

Do not use this space.

1. PLACE OF DEATH
County: Greene 849 So Missouri
Registration District No.: 318
Township:
Primary Registration District No.: 2006
City: (No. ..... St. ..... Ward)

File No.: 31142
Registered No.: 422

2. FULL NAME: John C Stevens
(a) Residence, No. 849 So Missouri 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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widow
5A. IF ~~MARRIED, WIDOWED, OR DIVORCED~~ HUSBAND OF ~~(OR) WIFE~~ OF: Emma Stevens
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): January 23 - 1862
7. AGE: 69 YEARS | MONTHS: 4 | DAYS: 9 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Ag Service
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): Mo

FATHER
13. NAME: J D Stevens
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ind.

MOTHER
15. MAIDEN NAME: Nicola Henderson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ellyrnow

17. INFORMANT (ADDRESS): Robert Stevens Springfield Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE: Bronaugh Mo DATE: June 4, 1931
19. UNDERTAKER (ADDRESS): H H Whitney Springfield Mo
20. FILED: 6-3, 1931 Lon Sharp Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 6 - 2 - 1931
22. I HEREBY CERTIFY, That I attended deceased from 5-6-, 1931, to 6-2-, 1931
I last saw him alive on 6-2-, 1931. Death is said to have occurred on the date stated above, at 10 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina Pectoris	
94A	

Other contributory causes of importance:

Name of operation: — Date of: —
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? — 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) W Kelly, M. D.
(Address) Springfield Mo