

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

Do not use this space.

21473
2008

1. PLACE OF DEATH

County Jackson
Township How
City K. C. Mo. (No. 7115)

Registration District No. 399
Primary Registration District No. 0002

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

(a) Residence No. 7115 St. 16 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 M. 4. COLOR OR RACE Wh. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct-3-1856

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
74 8 9

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired
(b) General nature of industry, business, or establishment in which employed (or employer) Furnace
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Monticello
(STATE OR COUNTRY) Mo.

10. NAME OF FATHER Henderson Stewart

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Mo.
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Willa Proper

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Kentucky
(STATE OR COUNTRY)

14. INFORMANT Mrs. J. H. Herndon
(Address) 7115 Bales, ave,

15. FILE 6/12/31 mmc REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 6-12 1931

17. I HEREBY CERTIFY, That I attended deceased from June 7, 1931, to June 12, 1931.
that I last saw him alive on June 7, 1931, and that death occurred, on the date stated above, at 8:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
107A
97 Arterio-sclerosis
(duration) 5 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Septicemic Pneumonia Broncho
(duration) _____ yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED? At home
IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Clinical
(Signed) Victor Henry Carson, M. D.

6-12, 1931 (Address) 818 Belmont St.

*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 Monticello Mo DATE OF BURIAL June 16/31

20. UNDERTAKER Mrs. C. L. Foster ADDRESS K. C. Mo.

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.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

1212 ^{Lindenwood} Val. 7032 Res. ^{1/11/80} ^{1/11/80}
Professional H2-0980

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