

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

Do not use this space.

25734

1. PLACE OF DEATH

County New Madrid
Township " " " "
City (No.)

Registration District No. 604
Primary Registration District No. 5802

File No.
Registered No. 89
St. Ward

2. FULL NAME

(a) Residence, No. J. H. Stephens 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)
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Addie Stephens
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 10 - 1877
7. AGE YEARS 60 MONTHS 6 DAYS 5 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter
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) Union City Tenn

MOTHER 13. NAME Emmeline Stephens

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn

15. MAIDEN NAME Addie Walton

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn

17. INFORMANT J. S. Stephens (ADDRESS) Union City Tenn

18. BURIAL, CREMATION, OR REMOVAL PLACE Union City Tenn DATE 7-19-31

19. UNDERTAKER (ADDRESS) Richards Lined. Co New Madrid

20. FILED 7/17 1931 J. H. Cannon Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 13th 1931
22. I HEREBY CERTIFY That I attended deceased from June 15th 1931 to July 13th 1931
(I last saw him alive on July 13th 1931). Death is said to have occurred on the date stated above, at 9:30 a.m.
The principal cause of death and related causes of importance were as follows:

Date of onset
Nephritis
1321A
Other contributory causes of importance: 1322

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

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?.....
If so, specify.....
(Signed) Claude McCarreno, M. D.
(Address) Union City, Tenn

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.

SEP 24 1931

