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

Do not use this space.

1. PLACE OF DEATH
County: Pemiscot
Township: ~~Little Prairie~~
City: ~~Caruthersville~~ (No. ..... St. ..... Ward)

Registration District No. 651
Primary Registration District No. 4388

File No. 29001
Registered No. 136

2. FULL NAME: Arthur Steward

(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: Male
4. COLOR OR RACE: Black
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(OR) WIFE OF~~: Bettie Steward

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Unknown

7. AGE: Years: About 28 | Months: — | Days: — | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Concrete Plant
10. Date deceased last worked at this occupation (month and year): Aug. 1931
11. Total time (years) spent in this occupation: Unknown

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Vincent Ark

FATHER
13. NAME: Jim Steward
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Oak Grove, Miss

MOTHER
15. MAIDEN NAME: Bettie Jarmon
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Oak Grove Miss

17. INFORMANT (ADDRESS): Jim Steward Caruthersville, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Moran Cemetery DATE: 8-19 — 1931

19. UNDERTAKER (ADDRESS): LeFore Undertaking Co Caruthersville Mo.

20. FILED: Oct. 10 1931 Ada Martin Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Aug-15 — 1931

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 3:30 p.m.
The principal cause of death and related causes of importance were as follows:

Accidental Drowning at government fleet at Caruthersville Mo. in River

Date of onset

Other contributory causes of importance:

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? No
If so, specify .....
(Signed) James T. Vickrey Coroner, M. D.
(Address) Bragg City Mo.