

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

Do not use this space.

130520

File No. _____
Registered No. 29
St. _____ Ward)

1. PLACE OF DEATH

County Boone Registration District No. 72
Township _____ Primary Registration District No. 4041
City Centralia No. _____

2. FULL NAME

Alice Elgin Stephens

(a) Residence. No. _____ 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. mes. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 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) Jan 14 1857

7. AGE	YEARS	MONTHS	DAY	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>74</u>	<u>7</u>	<u>24</u>	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Boone Co Mo

10. NAME OF FATHER Dr. J. H. Stephens

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

12. MAIDEN NAME OF MOTHER Margaret Vanlandingham

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Boone Co Mo

14. INFORMANT (Address) Mrs. A. A. Raddy Centralia Mo

15. FILED 7/19 1931 J. F. Hickey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 9-8 1931

17. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____, that I last saw h_____ alive on _____, 19____, and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Unknown - nature of which was not determined - no physician attended her in her last illness (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 556 (duration) yrs. mos. ds.

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

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) J. F. Hickey, M. D.

(Address) Centralia 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 Centralia Mo Bur. DATE OF BURIAL Sept 9 1931

20. UNDERTAKER M. J. McDonald ADDRESS Centralia

N. B.—Every item of information should be carefully supplied. ACE 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.

OCT 22 1931

