

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

Do not use this space.

37314

1. PLACE OF DEATH

County Jackson Registration District No. 288
 Township Independence Primary Registration District No. 4772
 City (No. 5001) St. _____ Ward _____

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

2. FULL NAME

Jackie Howard 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. 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 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) Apr-7-1930

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
1 6 25

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home
 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) Kennett (STATE OR COUNTRY) Mo

FATHER 13. NAME Dave Stephens

14. BIRTHPLACE (CITY OR TOWN) Kennett (STATE OR COUNTRY) Mo

MOTHER 15. MAIDEN NAME Donnie Williamson

16. BIRTHPLACE (CITY OR TOWN) Kennett (STATE OR COUNTRY) Mo

17. INFORMANT Dave Stephens (ADDRESS) Kennett Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Royal DATE Nov-2 1931

19. UNDERTAKER Frisate (ADDRESS) _____

20. FILED 11/4 1931 J. H. Phillips Registrar

MEDICAL CERTIFICATE OF DEATH

1. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov-1 1931

2. I HEREBY CERTIFY, That I attended deceased from unattended, 1931

I last saw h. _____ alive on _____, 1931. Death is said to have occurred on the date stated above, at 3 P. m.

The principal cause of death and related causes of importance were as follows:

cholera infantum Date of onset _____

119 119
 Other contributory causes of importance: _____

1. 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 _____, 1931

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? not

If so, specify _____

(Signed) J. H. Phillips Cor. M. D.
 (Address) Kennett 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.

NOV 24 1931

