

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.

APR 26 1932

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

Do not use this space.

1. PLACE OF DEATH

County Gentry  
Township Argyle  
City Boyd (No. ....)

Registration District No. 311  
Primary Registration District No. 5430

File No. ....  
Registered No. ....  
St. .... Ward)

2. FULL NAME

(a) Residence, No. .... St. .... Ward. ....  
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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 3 - 1932

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
0 0 3

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none  
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) Gentry Mo.

FATHER 13. NAME Albert Stephens

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

MOTHER 15. MAIDEN NAME Dora Ballder

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

17. INFORMANT (ADDRESS) Albert Stephens  
Gentry Mo.

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Hinton DATE Jan 7 1932

19. UNDERTAKER (ADDRESS) A. J. Bogg  
Albany Mo.

20. FILED April 16, 1932 A. J. Williamson  
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 6 1932

22. I HEREBY CERTIFY That I attended deceased from Jan 3 1932 to Jan 3 1932

I last saw him alive on ..... 19..... Death is said to have occurred on the date stated above, at ..... m.

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

Steel Burn Date of onset

Other contributory causes of importance:

Name of operation no Date of

What test confirmed diagnosis? no Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no Date of injury no, 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 no Nature of injury ①

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify no

(Signed) A. J. Williamson M.D.  
(Address) Gentry Mo.

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AGE  
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N.B.—Every item of information should be carefully classified. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW.

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

ALL INFORMATION CALLED  
FOR MUST BE WRITTEN ON  
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Butte  
Township Boyle  
City Pay (No. 1)

Registration District No. 311  
Primary Registration District No. 5430

File No. 707-3  
Registered No. 107-3 Ward

2. FULL NAME

(a) Residence, No. Pay St. Frederick Ward. Stephens

(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 W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) S.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 3 - 32

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 3

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.  
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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE

19. UNDERTAKER (ADDRESS)

20. FILED 707-3 1932 Mac H Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 6 1932

22. I HEREBY CERTIFY, That I attended deceased from

I last saw h. alive on Jan 6, 1932. Death is said

to have occurred on the date stated above, at 107 A m.

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

Other contributory causes of importance:

Date of onset

Name of operation

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, 1932

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) Mac H Williams, M. D.

(Address)

5-707-3