

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

Do not use this space.  
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**1. PLACE OF DEATH**

County Wayne Registration District No. 4891  
Township West Primary Registration District No. 2983  
City \_\_\_\_\_ (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Wilma Bernice Stevenson

(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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Single</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)		
7. AGE	YEARS	MONTHS
		DAYS
		IF LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>✓</u>		
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) God Hill (STATE OR COUNTRY) Mo.

13. NAME W. R. Stevenson

14. BIRTHPLACE (CITY OR TOWN) God's Hill (STATE OR COUNTRY) Mo.

15. MAIDEN NAME Edith F. Ruble

16. BIRTHPLACE (CITY OR TOWN) God's Hill (STATE OR COUNTRY) Mo.

17. INFORMANT David Ruble (ADDRESS) Redmont Mo.

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Desire Cem. DATE 1/4/1937

19. UNDERTAKER Friends (ADDRESS) God's Hill Mo.

20. FILED 1/4 1937 G. L. Piles Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/15 1931

22. I HEREBY CERTIFY, That I attended deceased from 12/30 1931 to 1/4 1932  
I last saw her alive on 12/30 1931 Death is said to have occurred on the date stated above, at 3:20 a.m.  
The principal cause of death and related causes of importance were as follows:

Bronchitis-Pneumonia Date of onset 12/30/31  
1070  
1070  
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 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) G. L. Piles M. D.  
(Address) Redmont Mo.

N. 1. Name of information should be carefully stated EXACTLY. PHYSICIAN'S NAME should be stated EXACTLY. PHYSICIAN'S NAME should be stated EXACTLY. PHYSICIAN'S NAME should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Dep. Sec. of State  
Washington, D.C.

Dep.

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