

**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

78 County Peru
Township Jedediah
City Portageville, Mo.

Registration District No. 114
Primary Registration District No. 5869

File No. _____
Registered No. _____

2. FULL NAME

(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>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Wife</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>7-7-10-1932</u>		
7. AGE YEARS	MONTHS	DAYS
		<u>13</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		If LESS than 1 day,hrs. ormin.
<u>Refect</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) (STATE OR COUNTRY) <u>Portageville, Mo.</u>		
13. NAME <u>Lloyd Stewart</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Portageville, Mo.</u>		
15. MAIDEN NAME <u>Bulah Slower</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Peru, Mo.</u>		
17. INFORMANT (ADDRESS) <u>Lloyd Stewart</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE (ADDRESS) DATE <u>Portageville, Mo. 2/22 32</u>		
19. UNDERTAKER (ADDRESS) <u>P. M. Reame, Portageville, Mo.</u>		
20. FILED <u>3/9</u> 19 <u>32</u> <u>McCook</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

1. DATE OF DEATH (MONTH, DAY, AND YEAR) July 22 1932

22. I HEREBY CERTIFY That I attended deceased from July 22 1932 to July 22 1932

I last saw him alive on July 22 1932 Death is said to have occurred on the date stated above, at 8 P m.

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

Congestion of brain

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? _____
If so, specify _____
(Signed) H. K. Shelley, M. D.
(Address) Portageville, Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

SEP 26 1932

