

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

Do not use this space.

19555

1. PLACE OF DEATH
 County Pettis Registration District No. 668
 Township Sealio Primary Registration District No. 3032
 City Sealio (No. 1324) J. Carr St. _____ Ward _____

2. FULL NAME Asa R. Stevens
 (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 OF RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*writes the word*) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 4-1876

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>✓</u>	<u>✓</u>	<u>19</u>	

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) Mo 1

MOTHER FATHER

13. NAME Chandler Stevens

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn 2

15. MAIDEN NAME Ruth Chandler

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

17. INFORMANT Mr A R Stevens
(ADDRESS) Sealio

18. BURIAL, CREMATION, OR REMOVAL PLACE Sealio DATE Mar 25 1932

19. UNDERTAKER (ADDRESS) Edwards

20. FILED 3-25 1932 J. Carr
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 23 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 10 1929, to March 23 1932
 I last saw him alive on Jan 26 1932 Death is said to have occurred on the date stated above, at 4 P.M.
 The principal cause of death and related causes of importance were as follows:
Pulmonary tuberculosis
73A 215
 Other contributory causes of importance: (D)

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) Chandler, M. D.
 (Address) Sealio 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.

APR 28 1932

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