

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

Do not use this space.

11227

1. PLACE OF DEATH

County Scott

Registration District No. 819

Township Morley

Primary Registration District No. 4495

City Morley (No. _____)

St. _____ Ward _____

2. FULL NAME

Wm Stuart

(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

male

4. COLOR OR RACE

White

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

married

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

Scisela Stewart

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

May 20 1966

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

65 10 10

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Farmer - H/A

(b) General nature of industry, business, or establishment in which employed (or employer)

109A

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

Mississippi

(STATE OR COUNTRY)

2

10. NAME OF FATHER

Chas Stewart

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Mississippi

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

Prachia Wellyville

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Mississippi

(STATE OR COUNTRY)

14. INFORMANT

Chas E. Stewart

(Address)

Morley Mo

15. FILED

5-28 1932 Mr. Boslome

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 20 - 1932

17. I HEREBY CERTIFY, That I attended deceased from March 20 - 1932, to March 20 1932
that I last saw h. in: alive on March 20, 1932, and that death occurred, on the date stated above, at 3:30 P. - m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pneumonia

CONTRIBUTORY (SECONDARY)

Influenza

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____

18. DID AN OPERATION PRECEDE DEATH? DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Carl Harris, M. D.

, 19 (Address) Morley Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Morley Mo -

3-21 1932

20. UNDERTAKER

ADDRESS

L. D. M. Supton

Morley Mo

WHITE 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 30 1932

