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

Do not use this space.

12136 ~~10136~~

File No. .....

Registered No. .....

1. PLACE OF DEATH

County: Wayne — Registration District No. 288

Township: Independence — Primary Registration District No. ~~172~~ 3406

City ..... (No. ..... St. ..... Ward)

35

2. FULL NAME Charles Farmer Stephens

(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.

MAY 24 1932

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Boy	White	

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

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

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	1 month	19		

Abstract

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer): None
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Wayne County
(STATE OR COUNTY)

PARENTS

10. NAME OF FATHER Charles Stephens

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Mo.
(STATE OR COUNTY)

12. MAIDEN NAME OF MOTHER Alosia Wurk

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Mo.
(STATE OR COUNTY)

14. INFORMANT Charles Dietghen M.D.
(Address) Corinth, Mo.

15. FILED 4/21, 1932 Wheeler Davis
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 18 1932

17. I HEREBY CERTIFY, That I attended deceased from April 1931 1/2 hour 2 p.m., 1932, to 17 hour 12 p.m., 19..... that I last saw him alive on April 15 1932, and that death occurred, on the date stated above, at 5 p.m. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Don't know. He had been sick some months previous from 1931 (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) None (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH .....

DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) [illegible], M. D.

, 19 (Address) [illegible]

*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: Liberty — DATE OF BURIAL: 4/19 1932

20. UNDERTAKER: County Coffin Private — ADDRESS

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.