

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

Do not use this space.

**13503**

**1. PLACE OF DEATH**

80 County Pettis Registration District No. 670  
Township Bowling Green Primary Registration District No. 5893  
City \_\_\_\_\_ (No. \_\_\_\_\_, \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

**2. FULL NAME**

Frances Elizabeth 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 50 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>widowed</u>
6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>James R. Stuart</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 27-1838</u>		
7. AGE	YEARS <u>94</u>	MONTHS <u>3</u>
	DAYS <u>2</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	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) <u>State of Tenn</u>		
FATHER	13. NAME <u>Alston Phillips</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>State of Tenn</u>	
MOTHER	15. MAIDEN NAME <u>Jannik McCollison</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>State of Tenn</u>	
17. INFORMANT (ADDRESS) <u>Mr. Stella Scott</u> <u>Smithton</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Smithton MO</u> DATE <u>May 7 1932</u>		
19. UNDERTAKER (ADDRESS) <u>A. F. Neumeyer</u> <u>Smithton MO</u>		
20. FILED <u>May 7 1932</u> <u>Flossie Ferguson</u> Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

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21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-29-32

22. I HEREBY CERTIFY, That I attended deceased, from 4-23-32, 1932, to 4-29-32, 1932.  
I last saw him alive on 4-27, 1932. Death is said to have occurred on the date stated above, at 9 P. m.  
The principal cause of death and related causes of importance were as follows:  
Influenza  
1113  
102  
1103  
Other contributory causes of importance: General Debility (1)  
Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis symptoms Was there an autopsy? No

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 Etibulgin  
(Signed) \_\_\_\_\_, M. D.  
(Address) Smithton MO

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.

MAY 8 6 1932

