

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.

JUN 21 1932

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

Do not use this space.

15187

1. PLACE OF DEATH
 2-0-2 County Andrew Registration District No. 13
 Township Savannah Primary Registration District No. 4070
 City Savannah (No.) St. Ward
 2. FULL NAME Allen W. Stewart
 (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 OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lillie
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 31 - 1860
 7. AGE YEARS 72 MONTHS 1 DAYS 12 If LESS than 1 day,hrs. ormin.
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
 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) Penn 2
 13. NAME Ruben Stewart 1
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn
 15. MAIDEN NAME Brick
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn
 17. INFORMANT Clarence Vetter
 (ADDRESS) Savannah Mo
 18. BURIAL, CREMATION, OR REMOVAL PLACE Savannah DATE May 15 - 1932
 19. UNDERTAKER E. C. Brit
 (ADDRESS) Savannah Mo
 20. FILED May 14 19 32 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 13 1932
 22. I HEREBY CERTIFY, That I attended deceased from Jan 1 1932, to May 13 1932
 I last saw him alive on May 13 1932 Death is said to have occurred on the date stated above, at 7:15 p. m.
 The principal cause of death and related causes of importance were as follows:
Gastric Ulcer Date of onset 7-1-30
 Other contributory causes of importance:

 Name of operation Date of
 What test confirmed diagnosis? Physical Was there an autopsy? Yes
 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) P. H. Kelley M. D.
 (Address) Savannah, Mo.

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