

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

Do not use this space.

15977

1. PLACE OF DEATH
 County Hawell Registration District No. 3821
 Township West Plains Mo. Primary Registration District No. 4777
 City West Plains Mo. St. _____ Ward _____
 2. FULL NAME Flora 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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX fw 4. COLOR OR RACE wht 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Archie Stephens
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 11 - 1894
 7. AGE YEARS 38 MONTHS 1 DAYS 12 If LESS than 1 day, _____ hrs. or _____ min.
 OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 235
 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) Hawell Co., Mo.
 FATHER
 13. NAME Julius White
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N. Carolina?
 MOTHER
 15. MAIDEN NAME Mary Whittaker
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hawell Co., Mo.
 17. INFORMANT (ADDRESS) Mary White, West Plains, Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Hawell Valley DATE 5/25 - 1932
 19. UNDERTAKER (ADDRESS) McFarland's, West Plains, Mo.
 20. FILED 5-27-1932 R. O. P. A. Heinrich Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/23 - 1932
 22. I HEREBY CERTIFY, That I attended deceased from May - 14, 1932 to May - 23, 1932
 I last saw her alive on May - 19, 1932 Death is said to have occurred on the date stated above, at 10:55 P.
 The principal cause of death and related causes of importance were as follows:
Intestinal Obstruction
12/10/1932
 Other contributory causes of importance: 1
At Terminal Stage
 Name of operation Hematomy Date of May 16
 What test confirmed diagnosis? with draw up of blood
 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 _____
 (Signed) R. O. P. A. Heinrich, M. D.
 (Address) West Plains, 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.

32-5-23
38-4-11
1894-1-12