

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

Do not use this space.

16098

File No. 1889
Registered No. 1889
St. _____ Ward _____

1. PLACE OF DEATH
 County Jackson Registration District No. 399
 Township Law Primary Registration District No. 1002
 City Jungas City (No. 1324)
 2. FULL NAME Laura Stewart
 (a) Residence, No. 1324 Vine St. 2 Ward _____
 (Usual place of abode)
 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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE Col. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 27, 1873
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
59 3 9 25
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
 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) Helena Arkansas

FATHER 13. NAME Unknown
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Arkansas

MOTHER 15. MAIDEN NAME Jane Cook
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Arkansas

17. INFORMANT (ADDRESS) Elizabeth Williams 1324 Vine

18. BURIAL, CREMATION, OR REMOVAL PLACE Blue Ridge Lawn 579 1932

19. UNDERTAKER (ADDRESS) Natkins Bros. Undertakers 1729 Lydia

20. FILED May 9 1932 M. J. Brown Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/6 1932
 22. I HEREBY CERTIFY, that I attended deceased from Apr. 28 1932, to May 6 1932
 I last saw him alive on May 6 1932 Death is said to have occurred on the day stated above, at 10:50 P. M.
 The principal cause of death and related causes of importance were as follows:

Mitral Regurgitation Date of onset _____
Acute Nephritis (1)
 Other contributory causes of importance _____

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

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, specify _____
 (Signed) M. J. Brown M. D.
 (Address) 1705 E 12

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.

G. A. Brown.