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

Do not use this space.

File No. 16514

Registered No. 54

Registration District No. 417

Primary Registration District No. 3621

1. PLACE OF DEATH

County: Jasper

Township:

City: Webb City (No. ..... St. ..... Ward)

2. FULL NAME: Jacob Stevens

(a) Residence. No. 807 E. Tracy St., ... Ward. ..... (If nonresident, give city or town and State)
(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.

JUL 25 1932

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, ~~WIDOWED, OR DIVORCED~~ HUSBAND OF ~~(OR) WIFE OF~~ Mrs. Millie Stevens

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 22, 1854

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
78	3	8	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Farmer

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer:

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Indiana

PARENTS

10. NAME OF FATHER: James Stevens

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Dont know

12. MAIDEN NAME OF MOTHER: Isabel

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Dont know

14. INFORMANT: Mrs. Millie Stevens
(Address) Webb City, Mo

15. FILED 6/1, 1932 R. M. Stonmont
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 30 1932

17. I HEREBY CERTIFY, That I attended deceased from May 15, 1932, to May 30, 1932, that I last saw h. ~~alive~~ alive on May 30, 1932, and that death occurred, on the date stated above, at 9:25 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Myocarditis

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY)

(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) C. F. Gregory M.D.

6-1, 1932 (Address) Webb City, Mo.

*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: Webb City — DATE OF BURIAL: June 2 1932

20. UNDERTAKER: Steele Und. Co. — ADDRESS: Webb City, Mo.