

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

Do not use this space.

**1. PLACE OF DEATH**

93 County H. Clair Registration District No. 763 File No. 17220  
 3 Township Bethel Primary Registration District No. 4458 Registered No. 7  
 3 City Louisy City, Mo. (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

**32. FULL NAME** Charley Allen Stewart

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF Clara Isabelle Stewart

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 3 1862

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
69 11 18

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired farmer  
 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) Not Given  
 (STATE OR COUNTRY) Daviess Co Missouri

13. NAME Allen Stewart

14. BIRTHPLACE (CITY OR TOWN) Don't Know  
 (STATE OR COUNTRY) Kentucky

15. MAIDEN NAME Mary J Galbraith

16. BIRTHPLACE (CITY OR TOWN) Kentucky  
 (STATE OR COUNTRY)

17. INFORMANT Clara Isabelle Stewart  
 (ADDRESS) Louisy City Mo

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Louisy City Cemetery DATE 5/22/32

19. UNDERTAKER H. Chestnut  
 (ADDRESS) Louisy City Mo

20. FILED 5/21 1932 Leo S. Windsor  
 Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/21 1932

22. I HEREBY CERTIFY, That I attended deceased from April 1, 1932 to May 21, 1932  
 I last saw him alive on May 20, 1932. Death is said to have occurred on the date stated above, at 2 A.m.  
 The principal cause of death and related causes of importance were as follows:

Chronic Nephritis  
131

Other contributory causes of importance: 131

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ 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? No  
 If so, specify \_\_\_\_\_  
 (Signed) Leo S. Windsor, M. D.  
 (Address) Louisy City 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.

