

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

Do not use this space.

25933

1. PLACE OF DEATH

39 County Greene Registration District No. 318 File No. _____
 3 Township _____ Primary Registration District No. 2001 Registered No. 571
 5 City Springfield, Mo 1707 N. Broadway St. _____ Ward _____

2. FULL NAME

L. M. Stewart
 (a) Residence, No. 1707 N Broad St. _____ Ward _____
 (Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 12 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

IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF Sarah E Stewart (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 10 1861

7. AGE YEARS 70 MONTHS 8 DAYS 5 If LESS than 1 day, _____ hrs. _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. General store

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) Marsh Waples Co Mo

13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN, STATE OR COUNTRY) Unknown 31

15. MAIDEN NAME Margaret Davidson

16. BIRTHPLACE (CITY OR TOWN, STATE OR COUNTRY) Unknown

17. INFORMANT Mrs. Ruby Walters (ADDRESS) 563 W Locust

18. BURIAL, CREMATION, OR REMOVAL PLACE Greenlawn DATE Aug 17 1932

19. UNDERTAKER F. E. Thome (ADDRESS) Springfield Mo

20. FILED Aug 16, 1932 Ralph W. Angstrom (Address) Springfield Mo
 Registrar

✓ MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 15, 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 8, 1932, to Aug 15, 1932

I last saw deceased alive on Aug 8, 1932 Death is said

to have occurred on the date stated above, at 9:38 a.m.
 The principal cause of death and related causes of importance were as follows:

Paralysis Left side Date of onset July 2 1932
82 A Apoplexy
82 B

Other contributory causes of importance: _____

Name of operation _____ Date of _____

What test confirmed diagnosis? 2 Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? No Date of injury _____, 1932

Where did injury occur? none
 (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. none

Manner of injury none
 Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____

(Signed) J. J. Furman, M. D.

(Address) Springfield 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.

SEP 22 1932

