

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

Do not use this space.

Lemon
31982

1. PLACE OF DEATH
 39 County Greene Registration District No. 318
 Township _____ Primary Registration District No. 2001
 3 City Springfield, Mo. No. 1619 W. Elm St. _____ Ward _____
 32 FULL NAME George W. Stephenson
 (a) Residence, No. 1619 W. Elm 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 male
 4. COLOR OR RACE white
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Paralee
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 11-1853
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
79 7 0

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retd 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) (STATE OR COUNTRY) Tennessee

FATHER
 13. NAME Andrew Stephenson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee

MOTHER
 15. MAIDEN NAME Rachel Davis

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

17. INFORMANT Ms. Bussess Mary
 (ADDRESS) 1606 W. Elm

18. BURIAL, CREMATION, OR REMOVAL PLACE Combs Hill DATE 10-14, 1932

19. UNDERTAKER Alma Schmeyer T. Han
 (ADDRESS) 534 St Louis

20. FILED 10-13, 1932 Revdangston
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 11 - 1932

22. I HEREBY CERTIFY, That I attended deceased from 1931, to Oct 11, 1932
 I last saw him alive on Oct 11, 1932 Death is said to have occurred on the date stated above, at 1:45 pm.
 The principal cause of death and related causes of importance were as follows:

Angina pectoris
15 94 A
 Other contributory causes of importance: Senility
 Date of onset 1931

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) J. B. Lemon, M. D.
 (Address) _____ SPRINGFIELD, MO

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

NOV 23 1932

14571