

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

Do not use this space.

32239

1. PLACE OF DEATH
 County Jackson Registration District No. _____
 Township Kaw Primary Registration District No. _____
 City Kansas City, Mo. (No. St Joseph Hospital) St. _____ Ward _____

File No. 3205
 Registered No. 3105

2. FULL NAME Dolores June Stenenson
 (a) Residence, No. 4631 Montgall St. 16 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. da. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF -----		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 27, 1929</u>		
7. AGE	YEARS <u>3</u>	MONTHS <u>5</u>
	DAYS <u>8</u>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>None</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Data 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) <u>Kansas City, Mo.</u>		
FATHER	13. NAME <u>Lawrence Jack Stevenson</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kansas City, Mo.</u>	
MOTHER	15. MAIDEN NAME <u>Helen Gardner</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kansas City, Mo.</u>	
17. INFORMANT (ADDRESS) <u>Lawrence Stevenson</u> <u>4631 Montgall</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Brookings Cem</u> DATE <u>10-8-32</u>		
19. UNDERTAKER (ADDRESS) <u>R. V. Lindsey & Sons, Inc.</u> <u>K.C. Mo.</u>		
20. FILED <u>10-7-1932</u> <u>M. M. Kerow</u> <u>Registrar</u>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-5-1932

22. I HEREBY CERTIFY, That I attended deceased from 10-5-1932 to 10-5-1932
 I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.
 The principal cause of death and related causes of importance were as follows:
Accidental Automobile Date of onset
fracture of right femur
2:10 3:10 P.M. 201
 Other contributory causes of importance:
Just Called

Name of operation _____ Date of _____
 What test confirmed diagnosis? Autopsy 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 10-5-1932
 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 (A)

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____
 (Signed) Stanley M. Hall, M. D.
 (Address) Deputy Registrar

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.

