

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

Do not use this space.
35427

1. PLACE OF DEATH
 County Greene Registration District No. 318
 Township Springfield Mo. Primary Registration District No. 2001
 City Springfield Mo. (No. 1619 W. Elm)
 2. FULL NAME Mrs. Margaret Stephenson
 (a) Residence, No. 1619 W. Elm St. _____ Ward _____
 (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. (If nonresident, give city or town and State)

File No. _____
 Registered No. 812
 St. _____ Ward _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Yes W. Stephenson Dec.
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 21, 1858
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 74 7 2
 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
 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) Ark. 2
 FATHER 13. NAME Wm. J. Kelley
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee
 MOTHER 15. MAIDEN NAME Martha Sutterfield
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee
 17. INFORMANT Mrs. Bruce May
 (ADDRESS) 1606 W. Elm
 18. BURIAL, CREMATION, OR REMOVAL PLACE Campbell bury DATE Nov. 25, 1932
 19. UNDERTAKER Alma Schmeyer F. Home
 (ADDRESS) Springfield Mo.
 20. FILED 11-29 1932 Ralph W. Angstrom
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 23 - 1932
 22. I HEREBY CERTIFY, That I attended deceased from Nov. 10, 1932 to Nov. 23, 1932
 I last saw him alive on Nov. 23, 1932. Death is said to have occurred on the date stated above, at 2:45 P.M.
 The principal cause of death and related causes of importance were as follows:
Hemiplegia
Senility
 Date of onset 11/10/32
 Other contributory causes of importance: _____
 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) A. B. Lemmon, M. D.
 (Address) SPRINGFIELD, MO.

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.

JAN 5 1933

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

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