

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

Do not use this space.

36087

1. PLACE OF DEATH
 119 County Jasper Registration District No. 415
 7 Township Albion Primary Registration District No. 2nd Jasper File No. 11
 5 City Joplin (No. 419) St. Joplin Registered No. 11 Ward)

2. FULL NAME Mary E. Stewart
 (a) Residence, No. 917 1/2 2nd St., 2nd 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 Female 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow

6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Samuel Stewart

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 9 1855

7. AGE YEARS 77 MONTHS 6 DAYS 29 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. house wife
 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) Ohio

FATHER 13. NAME Samuel Brown
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

MOTHER 15. MAIDEN NAME Catherine
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

17. INFORMANT Mrs. Ida Nevers
 (ADDRESS) Joplin Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Mary's DATE 11-9-32

19. UNDERTAKER Republic Trust Co.
 (ADDRESS) Joplin Mo.

20. FILED 11-9-32 Wm. Clark Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 7 - 1932

22. I HEREBY CERTIFY That I attended deceased from Nov 7 - 1932
 I last saw her alive on Nov 7 - 1932 Death is said to have occurred on the date stated above, at 1350
 The principal cause of death and related causes of importance were as follows:
Internal glau
11B
 Other contributory causes of importance: 11B

Name of operation..... Date of.....
 What test confirmed diagnosis?..... 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....., 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?.....
 If so, specify.....
 (Signed) W. E. Prue, M. D.
 (Address) Joplin

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.

JAN 9 1933

