

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

Do not use this space.

40311

1. PLACE OF DEATH

50 County Jefferson Registration District No. 421
Township Jefferson Primary Registration District No. 5575
City (No.) St. Ward)

File No.

Registered No. 90

2. FULL NAME

Colby M. Stephenson
(a) Residence, No. 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)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE w. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Jessie Stephenson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 13 - 1870

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
62 1 3

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Blacksmith
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 24
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) Randolph Co. 1
Mo.

FATHER 13. NAME Aaron Stephenson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky 2

MOTHER 15. MAIDEN NAME Mary Ann Harrison

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

17. INFORMANT Jessie Stephenson
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Hillboro Cem. DATE Dec. 19 1932

19. UNDERTAKER Wm F. Barnhart
(ADDRESS) Empire City Mo

20. FILED 12/17 1932 J. Rutledge
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/16 1932

22. I HEREBY CERTIFY, That I attended deceased from December 12 1932 to December 16 1932
I last saw him alive on December 16 1932. Death is said to have occurred on the date stated above, at 7:30 a.m.

The principal cause of death and related causes of importance were as follows:
Date of onset

Cocciemia of Stomach
455
405
409
Other contributory causes of importance
Cocciemia of Liver
Pneumonia

Name of operation Gastroenterostomy Date of 10-25-32
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?
If so, specify
(Signed) Harry Goskit, M. D.
(Address) 712nd 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 24 1933

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

