

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

Do not use this space.

40906

**1. PLACE OF DEATH**

74 County Nodaway Registration District No. 62F  
Township Green Green Primary Registration District No. 2820  
City Quitman (No. .... St. .... Ward)

File No. 281  
Registered No. ....

**2. FULL NAME** James W. Stevens

(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 <b>M</b>	4. COLOR OR RACE <b>W</b>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <b>Single</b>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct 24, 1912</u>		
7. AGE	YEARS	MONTHS
	20	2
		4
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <b>Laborer</b>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <b>237</b>		
10. Date deceased last worked at this occupation (month and year) .....		
11. Total time (years) spent in this occupation .....		

**MEDICAL CERTIFICATE OF DEATH**

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

22. I HEREBY CERTIFY, That I attended deceased from Dec 27 1932 to Dec 28 1932.  
I last saw him alive on Dec 27 1932. Death is said to have occurred on the date stated above, at 1:30 a.m.  
The principal cause of death and related causes of importance were as follows:  
Bacterial pneumonia  
Date of onset

Other contributory causes of importance:  
107A 107B

OCCUPATION	12. BIRTHPLACE (CITY OR TOWN) <u>Westboro</u> (STATE OR COUNTRY) <u>Missouri</u>
	13. NAME <u>W.T. Stevens</u>
FATHER	14. BIRTHPLACE (CITY OR TOWN) <u>Iowa</u> (STATE OR COUNTRY)
	15. MAIDEN NAME <u>Nellie Beasley</u>
MOTHER	16. BIRTHPLACE (CITY OR TOWN) <u>Iowa</u> (STATE OR COUNTRY)
	17. INFORMANT <u>Mrs. W.T. Stevens</u> (ADDRESS) <u>Quitman, Mo</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Quitman, Mo</u> DATE <u>Dec 30</u> 19 <u>32</u>	
19. UNDERTAKER <u>J. E. Jones</u> (ADDRESS) <u>Burlington Jct., Mo</u>	
20. FILED <u>1110</u> <u>J. E. Jones</u> Registrar.	

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 ..... V

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify .....

(Signed) B. W. Byland, M. D.  
(Address) Burlington Jct., 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.

WHITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

4-27-32

