

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

Do not use this space. ✓

1835

1. PLACE OF DEATH

48 County Jackson Registration District No. 400
 Township Greene Primary Registration District No. 5553B
 City Mill Bluff (No. Jackson Co. Home)
 File No. _____ Registered No. 22
 St. _____ Ward _____

2. FULL NAME Nathan Stephenson

(a) Residence, No. Jackson Community Home 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 Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Emma Stephenson
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 15-1850
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
82 7 16
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Railroad
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. unknown
 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) Indiana

13. NAME unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

15. MAIDEN NAME unknown

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

17. INFORMANT (ADDRESS) J. W. Hatcher

18. BURIAL, CREMATION OR REMOVAL PLACE Woodlawn DATE 2-3

19. UNDERTAKER (ADDRESS) Kettusia

20. FILED Feb. 2, 1933 William J. Fields Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 31, 1933

I HEREBY CERTIFY, That I attended deceased from Jan 25, 1933, to Jan 31, 1933
 I last saw him alive on Jan 31, 1933. Death is said to have occurred on the date stated above, at 6:30 P. M.
 The principal cause of death and related causes of importance were as follows:

Pt. Solar pneumonia
108
108
 Other contributory causes of importance _____

Name of operation _____ Date of _____
 What test confirmed diagnosis? clinical 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) J. W. Greene, M. D.
 (Address) Independence, Mo

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.

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Handwritten signature or name, possibly "Handwritten".