

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

Do not use this space.

5195

1. PLACE OF DEATH

4 County Wagon Registration District No. 347
Township White Oak Primary Registration District No. S-495-
City Wichita (No. _____ St. _____ Ward _____)

File No. _____
Registered No. 138

2. FULL NAME

Harold Attkisson Steward
(a) Residence, No. _____ St. _____ 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 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 _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug-22-1860

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
72 5 12

OCCUPATION
8. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc. Retired druggist
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. 118

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Vernon Co. Mo.

FATHER
13. NAME John W Stewart

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

MOTHER
15. MAIDEN NAME Coelene Saunders

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

17. INFORMANT (ADDRESS) Mayme Stewart, 1111

18. BURIAL, CREMATION, OR REMOVAL PLACE Madison Cemetery DATE 2/3/33 19

19. UNDERTAKER (ADDRESS) H. P. Smith, Abiech

20. FILED 2/15 1933 Ed C Peeler Registrar

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-2 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct. 1927, to _____, 1927

I last saw him alive on 2-1 _____, 1933. Death is said to have occurred on the date stated above, at S.A.M.

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

Angina Pectoris above
was observed and probably from Angina Pectoris and attacks occasionally for last several years

Other contributory causes of importance:

Indigestion

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? X Date of injury. Y 19_____

Where did injury occur? X (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury... Y

Nature of injury... Y

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

If so, specify _____

(Signed) J. W. Galbreath, M. D.

(Address) Wichita, 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.

REPRINTED FROM "THE REGISTER" FOR BIRMINGHAM

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