

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

Do not use this space.

8603

1. PLACE OF DEATH
 County Morgan Registration District No. 919
 Township How Creek Primary Registration District No. 25792a
 City How Creek St. _____ Ward _____

2. FULL NAME Eliza C. Stevens
 (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 FM 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow
 5A. IF MARRIED, WIDOWED, OR DIVORCED WIDOWED (OR) WIFE OF Davis Stevens
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 5-1844
 7. AGE YEARS 83 MONTHS 5 DAYS 27 If LESS than 1 day, _____ hrs. or _____ min.
 OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
 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
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio
 FATHER
 13. NAME James Dickey
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Record
 MOTHER
 15. MAIDEN NAME Katharine Avingham
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Record
 17. INFORMANT Myrtle Stevens #2 (ADDRESS) Veraciles Ave RFD #2
 18. BURIAL, CREMATION, OR REMOVAL PLACE Mt Nebo DATE Nov 1 1933
 19. UNDERTAKER W. F. Kidwell (ADDRESS) Veraciles Ave
 20. Nov 10 1933 W. F. Kidwell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 27 1933
 22. I HEREBY CERTIFY, That I attended deceased from Feb 1- 1933 to Feb 27- 1933
 I last saw her alive on Feb 1 1933 Death is said to have occurred on the date stated above, at 3 P m.
 The principal cause of death and related causes of importance were as follows:
Arterial sclerosis Date of onset unknown
10/6/30
97
 Other contributory causes of importance:
chronic bronchitis 1930
 Name of operation _____ Date of _____
 What test confirmed diagnosis? Chronic Bronchitis 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) A. J. Gwyn M. D.
 (Address) Veraciles Ave

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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