

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.

MAR 31 1933

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

Do not use this space.

8210

1. PLACE OF DEATH
 County St. Louis Registration District No. 438
 Township St. Louis Primary Registration District No. 4509
 City St. Louis (No. _____) St. _____ Ward _____

2. FULL NAME Marcy H. 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF Elizah F. Stevens

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 22, 1855

7. AGE YEARS 78 MONTHS 1 DAYS 3 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

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) Indy.

13. NAME Arthur Mack

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

15. MAIDEN NAME Smith

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

17. INFORMANT E. H. Stevens, Depts. Mo.
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Depts. Cemetery DATE 2/24 1933

19. UNDERTAKER W. B. Biggs, Med. Co. Depts. Mo.
(ADDRESS)

20. FILED 2/28 1933 F. LaRue
Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/25 1933

22. I HEREBY CERTIFY, That I attended deceased from 2/2 1933 to 2/25 1933
 I last saw her alive on 2/24 1933. Death is said to have occurred on the date stated above, at 2:00 P. m.
 The principal cause of death and related causes of importance were as follows:
Arterio-sclerosis with Date of onset
super-tension
97
97
 Other contributory causes of importance:
Compensatory Pneumonia
2 days

Name of operation none 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? yes
 If so, specify _____
 (Signed) S. S. Davis M. D.
 (Address) Depts. Mo.

