

MAR 31 1933
 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.
 MADE IN RESERVE FOR BINDING
 V-S. NO. 2

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

Do not use this space.

1. PLACE OF DEATH
 108 County Vernon Registration District No. 875
 2 Township Washington Primary Registration District No. 8039
 1 City Nevada Mo (No. _____) St. _____ Ward _____
 2. FULL NAME William Henry Stevick
 (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.

File No. 4-2280
 Registered No. 57
 St. _____ Ward _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Addie Stevick
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April-17-1898
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
74 10 5
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
 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) Feb 22 1933 11. Total time (years) spent in this occupation see below
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Salem Iowa
 13. NAME David Stevick
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Philadelphia Penn
 15. MAIDEN NAME Mary Gorker
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Philliph. Penn
 17. INFORMANT (ADDRESS) Addie Stevick Nevada Mo
 18. BURIAL, CREMATION, OR REMOVAL PLACE Callaway Co DATE 2-24-33
 19. UNDERTAKER (ADDRESS) Ferry Funeral Home Nevada Mo
 20. FILED 3-1-33 E. R. King Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/23 1933
 22. I HEREBY CERTIFY, That I attended deceased from 2/22 1933, to 2/23 1933, 1933
 Last saw him alive on 2/22 1933, 1933 Death is said to have occurred on the date stated above, at _____ m.
 The principal cause of death and related causes of importance were as follows:
Heart Failure Date of onset _____
Kind Unknown
2000
 Other contributory causes of importance: _____
 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 _____
 Nature of injury _____
 24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____
 (Signed) J. M. Yates _____, M. D.
 (Address) Nevada Mo

