

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

Do not use this space.

9571

1. PLACE OF DEATH

County Jackson Registration District No. 309 File No. _____
 Township Kaw Primary Registration District No. _____ Registered No. _____
 City Kansas City (No. 435 East 70th) 1002 St. 1171 Ward) _____

2. FULL NAME Marie Anna Stephen

(a) Residence, No. 5341 Euclid St., _____ Ward. _____
 (Usual place of abode)

Length of residence in city or town where death occurred 30 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 8, 33 1933

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John Stephen

22. I HEREBY CERTIFY, That I attended deceased from March 6, 1933, to March 8, 1933
 I last saw h.c. alive on March 6, 1933. Death is said to have occurred on the date stated above, at 3:10 P.M.
 The principal cause of death and related causes of importance were as follows:

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 25, 1873
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
59 4 13

A Apoplexy
arteriosclerosis
 Date of onset _____

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

Other contributory causes of importance: _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

13. NAME Unknown

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

15. MAIDEN NAME Unknown

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

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. _____

17. INFORMANT Mrs Jack Reed
 (ADDRESS) 5341 Euclid

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Chapel Hope Cemetery DATE Mar 11, 1933

Manner of injury _____
 Nature of injury _____

19. UNDERTAKER Wagner Funeral Home
 (ADDRESS) 204 W. LINWOOD

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____
 (Signed) W. M. Crowe M. D.
 (Address) 200 1/2 W. 11th

20. FILED 3-10-33 M. M. Crowe
 Registrar.

N. B.—Every item of information should be carefully supplied. No amount of information should be omitted. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

235-101010

200 copy of [unclear]
1
No. 9485-0

12:05 to 4:00