

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

Do not use this space.

18756

1. PLACE OF DEATH

County Worth
Township Smith
City Highway City (No. _____) St. _____ Ward _____

Registration District No. 903
Primary Registration District No. 6211

File No. _____
Registered No. 13

2. FULL NAME

(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 Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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 Nora Stephenson
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 26, 1876
7. AGE YEARS 56 MONTHS 5 DAYS 18 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer 210M
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) May 1, 1933 11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wilcox Mo.

13. NAME Terry Stephenson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Joseph Mo.

15. MAIDEN NAME Nancy A.

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

17. INFORMANT (ADDRESS) Laura Stephenson

18. BURIAL, CREMATION, OR REMOVAL

PLACE New Hope DATE May 16, 1933

19. UNDERTAKER (ADDRESS) John G. Duple

20. FILED May 12, 1933 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 14, 1933

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____

I last saw him Sudden alive on _____, 19____ Death is said

to have occurred on the date stated above, at 3A m.

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

Auto accident
Skull fracture
Lower limbs badly mangled & multiple fractures
Occupational accident occurred 2 1/2 miles east of Highway 46
Other contributory causes of importance: back legs
accident occurred 2 1/2 miles east of Highway 46
Name of operation None Date of _____
What test confirmed diagnosis? Chemical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

accident, suicide, or homicide accident Date of injury 5/14, 1933

Where did injury occur? Public highway 46 (Specify city or town, county, and State)

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

Manner of injury Crushed & lacerated auto

Nature of injury fractured skull & internal organs

24. Was disease or injury in any way related to occupation of deceased? Yes

If so, specify _____

(Signed) J. K. Phipps M. D.
(Address) Grant City, 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.

JUN 24 1933

