

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

Do not use this space.

1. PLACE OF DEATH

County Buchanan Registration District No. 85
Township St Joseph Primary Registration District No. 1001
City St Joseph (No. St Joseph's Hospital)

File No. 22347
Registered No. 677

2. FULL NAME

William Howard Stewart
(a) Residence, No. _____ St. _____ Ward. Denton Kans
(Usual place of abode)
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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 11 1908

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
24 7 24

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Trucker
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) Denton Kansas

13. NAME Edwin Clarence Stewart

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

15. MAIDEN NAME Leora Roberts Tarkio

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

17. INFORMANT Mrs. Leta Stewart, Stewart
(ADDRESS) Denton, Kansas.

18. BURIAL, CREMATION, OR REMOVAL PLACE Denton, Kas DATE July 8, 1938

19. UNDERTAKER Fleeman Funeral Home
(ADDRESS) St. Joseph, Missouri.

20. FILER 7-1028 John R. Bender
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 5, 1938

22. I HEREBY CERTIFY, That I attended deceased from July 5, 1938 to July 5, 1938
I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above, at 9 P.m.

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

Burned to death
2140 214
Other contributory causes of importance:
airplane crash
Name of operation none Date of _____
What test confirmed diagnosis? _____ 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 7-5, 1938
Where did injury occur? Denton Kas
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Industry?
Manner of injury airplane crash
Nature of injury heavily burned

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) Joseph Thomas Brown
(Address) 804, Jolly

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.

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