

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

Do not use this space.

23633

1. PLACE OF DEATH

55 County Linn Registration District No. 1679 File No. 1679
 Township Cash Primary Registration District No. 1679 Registered No. 1679
 City Boonville (No.) St. Ward

2. FULL NAME L. Byron Stewart

(a) Residence, No. Plant 1 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF * (OR) WIFE OF <u>Alice Stewart</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>12/24/1874</u>		
7. AGE	YEARS <u>58</u>	MONTHS <u>6</u>
	DAYS <u>16</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>	
	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) <u>Albany Co</u>		
FATHER	13. NAME <u>Ezekiel Stewart</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Marionville state</u>	
MOTHER	15. MAIDEN NAME <u>Mary Harvey M. Dowd</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Albany Co. Mo</u>	
17. INFORMANT (ADDRESS) <u>Alice Stewart Boonville Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Haltom</u> DATE <u>7/11/1933</u>		
19. UNDERTAKER <u>Wagon Morris</u> (ADDRESS) <u>Cash</u>		
20. FILED 19 <u> </u>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/10, 1933

22. I HEREBY CERTIFY, That I attended deceased from 7:30 1933 to July 10, 1933

I last saw him alive on July 8, 1933 Death is said to have occurred on the date stated above, at 9:00 A.M.

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

Date of onset 1932

Other contributory causes of importance:
46a 11 1/2" 12 3/4"

Name of operation Colostomy Date of June 10, 1933

What test confirmed diagnosis? Quadrant Was there an autopsy? Yes

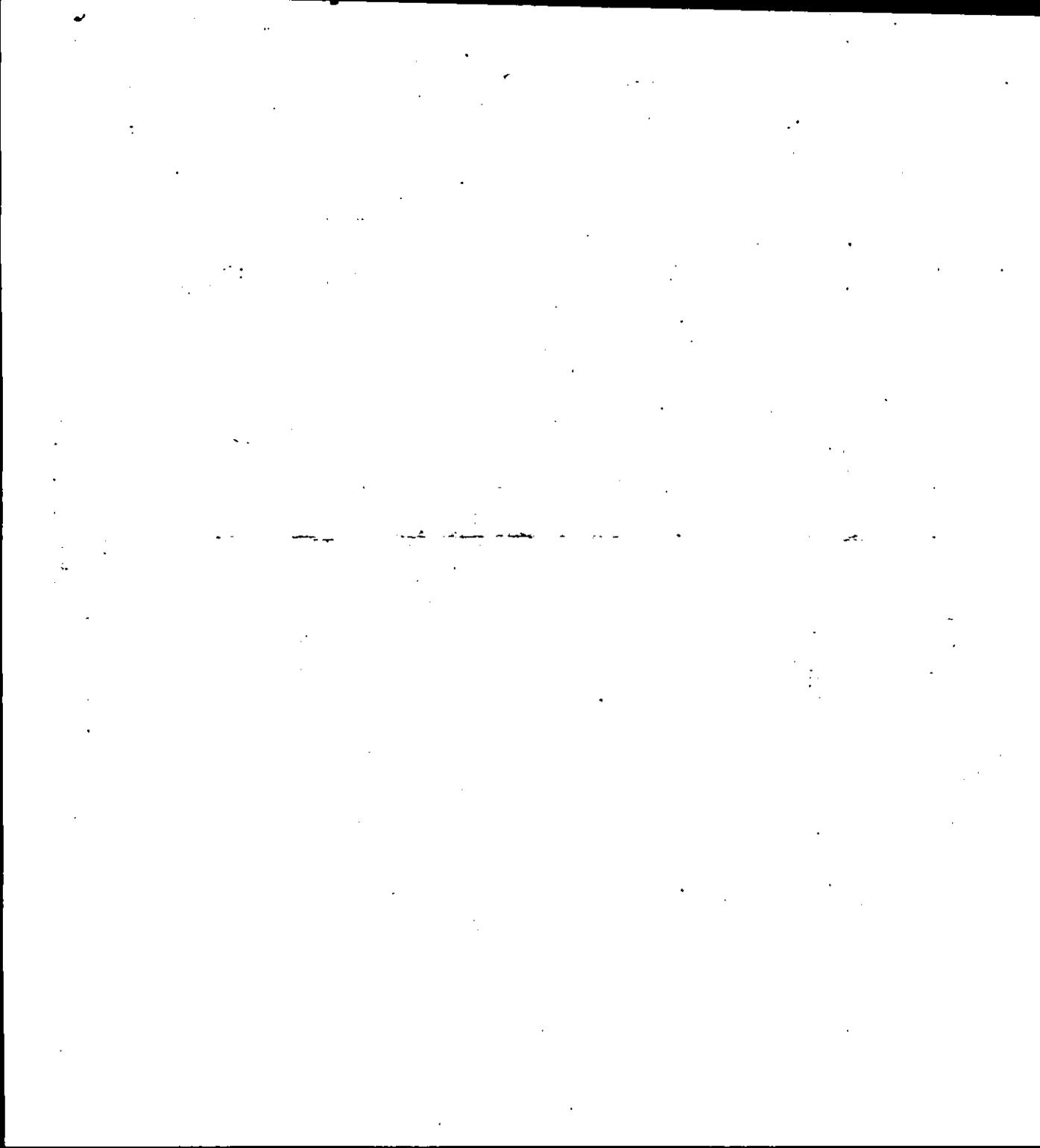
23. If death was due to external causes (violence), fill in also the following:
 a. Was it a suicide, or homicide?..... Date of injury..... 19.....
 Where did injury occur?..... (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify.....
 (Signed) Dr. Wallace Smith, M. D.
 (Address) Springfield Mo.

Registrar.

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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CERTIFICATE OF DEATH**

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Laurie
Township Clark
City (No.)

Registration District No. 474
Primary Registration District No. 5638

File No. D
Registered No. 5 St. Ward

2. FULL NAME

L. Byron Stewart

(a) Residence, No. St. Ward.
(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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) M

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 24 - 1874

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 58 6 14

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. miner
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) Greenville S. C.

13. NAME L. Byron Stewart

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Greenville S. C.

15. MAIDEN NAME Mrs. M. Stewart

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Greenville S. C.

17. INFORMANT (ADDRESS) Alice Stewart
Box 1000

18. BURIAL, CREMATION, OR REMOVAL PLACE Hattiesburg DATE 7/11 1933

19. UNDERTAKER (ADDRESS) Hayden G. Miller
Box 1000

20. FILED Aug 11 1933 Mrs. Eliza Miller Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 10 1933

22. I HEREBY CERTIFY, That I attended deceased from

to 19

I last saw him alive on 19 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:

Gas poisoning Date of onset

Other contributory causes of importance:

Name of operation Autopsy Date of June 10 1933

What test confirmed diagnosis? Aspirin 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) Dr. Wallace Smith, M. D.

(Address) Springfield Mo.

SUPPLEMENTARY

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. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

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