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.

AUG 9 1933

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

Do not use this space.

1. PLACE OF DEATH
County Ordon
Township
City Shayer Mo (No. , St. Ward)

Registration District No. 632
Primary Registration District No. 4382

File No. 23972
Registered No.

2. FULL NAME James Stewart
(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. 18 mos. 10 ds. 15 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) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept - 8 - 1924
7. AGE YEARS 8 MONTHS 10 DAYS 15 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Student
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) ark

FATHER
13. NAME Harry Stewart
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ark

MOTHER
15. MAIDEN NAME Leo Williams
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) Harry Stewart
18. BURIAL, CREMATION, OR REMOVAL
PLACE Shayer Mo DATE 7-23 1933
19. UNDERTAKER (ADDRESS) Leo Carr
20. FILED July 31, 1933 C. Rhea Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-23, 1933
22. I HEREBY CERTIFY, That I attended deceased from July 10, 1933, to July 22, 1933
I last saw him alive on July 22, 1933. Death is said to have occurred on the date stated above, at 10 m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Typho Malaria | |

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) H S Morris, M. D.
(Address) Mammoth Spr. Ark