

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

Do not use this space.

26618

1. PLACE OF DEATH

County Jackson Registration District No. 389
 Townshp Tow Primary Registration District No. 1602
 City Wassasaw City (No. Wesley Hospital) St. Ward)

File No.
 Registered No. 3369

2. FULL NAME

(a) Residence, No. 3235 Bellefontaine St., Ward. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. 8 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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 Mrs. Dell Stephenson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 1878

7. AGE YEARS 55 MONTHS DAYS If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Journalist
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Road foreman
 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) Marysville Ky.

13. NAME Zeno Stephenson

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

15. MAIDEN NAME Mary Belle Myers

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

17. INFORMANT R. O. Hale (ADDRESS) 3235 Bellefontaine

18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Hill DATE Aug 23 1933

19. UNDERTAKER Elyse Funeral Home (ADDRESS) 1800 Duquesne

20. FILED 23 1933 M. M. Brown Registrar.

MEDICAL CERTIFICATE OF DEATH Monday

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

22. I HEREBY CERTIFY, That I attended deceased from Dec 1st 1932 to Aug 21 1933

I last saw him alive on Aug 21 1933 Death is said to have occurred on the date stated above, at 3:30 p.m.

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

Cerebral (Right) Hemorrhage Date of onset
Instructed
 Other contributory causes of importance:

Name of operation 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? 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) George F. Brown M. D.
 (Address) 75 Chambers St. K.C. Mo.

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.

SEP 26 1933

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RECORDING UNIT—THIS IS A PERMANENT RECORD

