

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

Do not use this space.

26743

**1. PLACE OF DEATH**

48 County Jackson Registration District No. 401 File No. ....  
Township Franklin Primary Registration District No. 5-5-9 Registered No. ....  
City Lone Jack (No. ....) St. .... Ward)

**2. FULL NAME**

Henry Stewart St. .... Ward. ....  
(a) Residence, No. .... (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		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 8 1861</u>		
7. AGE YEARS <u>72</u>	MONTHS <u>3</u>	DAYS <u>32</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>Mo</u>		
MOTHER / FATHER	13. NAME <u>Salaman Stewart</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>	
	15. MAIDEN NAME <u>Not known</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Not known</u>	
17. INFORMANT <u>Mrs Mary Stewart</u> (ADDRESS) <u>Lone Jack</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Pleasant Hill</u> DATE <u>Sept 1 1933</u>		
19. UNDERTAKER <u>W. W. Brown</u> (ADDRESS) <u>Pleasant Hill Mo</u>		
20. FILED <u>Aug 30 1933</u> <u>Vernie E. Yankee</u> Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 30 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 30 1933 to Aug 30 1933  
I last saw him alive on Aug 1 1933. Death is said to have occurred on the date stated above, at 6:30 m.  
The principal cause of death and related causes of importance were as follows:  
myocardial degeneration Date of onset 9/2  
Other contributory causes of importance:  
Coronary Stenosis

Name of operation ..... Date of .....  
What test confirmed diagnosis Chromic 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? No  
If so, specify .....  
(Signed) C. C. Brown , M. D.  
(Address) Pleasant Hill Mo

REPRODUCED FROM ORIGINAL 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.

SEP 26 1933

