

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

Do not use this space.

34122

1. PLACE OF DEATH

County Platte Registration District No. 713
 Township Cullen Primary Registration District No. 5942
 City _____ (No. _____, _____ St. _____ Ward _____)

2. FULL NAME

Robert Francis 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. 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) Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9/19/1919
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
14 1 4

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
 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) Missouri

13. NAME Frank Stewart

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

15. MAIDEN NAME Hella Hella

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

17. INFORMANT Frank Stewart
 (ADDRESS) Hooker, Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Hooker DATE Oct 24, 1933

19. UNDERTAKER Fred W. Gilbert
 (ADDRESS) Hooker, Mo.

20. FILED 10/24, 1933 OT
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10/23, 1933

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw him _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 4 P. m.

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

Accidental Gunshot
Wound in Left Breast
Causing instant Death
Occurred on Cassowade River
Near James Miller Club House

Other contributory causes of importance:

184 170

Name of operation _____ Date of _____

What test confirmed diagnosis? Normal 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 10/23, 1933

Where did injury occur? Platte Co. Mo.
 (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.
Hunting on Perry River

Manner of injury Accidental discharge of gun
 Nature of injury Gunshot wound

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____

(Signed) C. G. Talbot, Co. Physician, M. D.
 (Address) Waynesville

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.

NOV 10 1933

