

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

Do not use this space.

36532

File No. _____
Registered No. 1453
St. _____ Ward _____

1. PLACE OF DEATH

County Jackson Registration District No. 100
Township W Primary Registration District No. 1002
City Jefferson (No. 804)

2. FULL NAME

Charles Stevens
(a) Residence, No. 804 Jefferson 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. da. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE Col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4-15-1858

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
75 | 6 | 21 | _____

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook

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) Allanta Ga

13. NAME Jackson Stevens

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Sallie Stevens (ADDRESS) 804 Jefferson

18. BURIAL, CREMATION, OR REMOVAL PLACE Blue Hill DATE 11-15 1933

19. UNDERTAKER H.B. Moore (ADDRESS) 1820 E. 18

20. FILED 11-18 1933 M. M. Crowe asst. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH DAY AND YEAR) 11-6-1933

22. Deputy Coroner That attended deceased from _____, 19____

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

The principal cause of death and related causes of importance were as follows: Coronary thromboclerosis Date of onset _____

myocardial infarction

Other contributory causes of importance: 93 C 130

Name of operation _____ Date of _____

What test confirmed diagnosis? Autopsy Was there an autopsy? yes

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, if any, was related to occupation of deceased? If so, specify _____ (Signed) _____

(Address) _____

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.

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11/18

