

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

*Forced*  
Do not use this space.  
**39050**

**1. PLACE OF DEATH**

County Madison Registration District No. 77  
Township Sailing Primary Registration District No. 5034  
City..... (No.....) St..... Ward.....

**2. FULL NAME**

Sally Anna Stevenson  
(a) Residence, No..... St..... Ward.....  
(Usual place of abode)  
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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX female 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 H.P. Stevenson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 31 - 1868

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
65 1 15

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

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) Madison Co Kentucky

13. NAME J.J. Irvine

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Madison Co Kentucky

15. MAIDEN NAME Genevieve Jackson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Madison Co Kentucky

17. INFORMANT H.P. Stevenson (ADDRESS) Centralia Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Centralia Mo. DATE 12-18 1933

19. UNDERTAKER W.D. McDonald (ADDRESS) Centralia

20. FILED 12/18th 1933 E. N. Gentry Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-16 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 8 1933 to Dec 16 1933  
I last saw her alive on Dec 15 1933. Death is said to have occurred on the date stated above, at 6:35 P.M.

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

Cerebral Hemorrhage  
727  
97

Other contributory causes of importance  
Arteriosclerosis

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) J. H. Warner M. D.  
(Address) Centralia Mo.

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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