3 27 1934

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.

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

Do not use this space.

39492-H,

File No.

Registered No.

1. PLACE OF DEATH

24 County Clay — Registration District No. 197

7 Township Gallatin — Primary Registration District No. 5276

4 City No. Kansas City Mo. (No. , St. Ward)

2. FULL NAME William Lee Steward

(a) Residence, No. 1002 Jackson St., Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Flosie Steward

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 31 - 1900

7. AGE: YEARS 33 — MONTHS 4 — DAYS 27 — If LESS than 1 day, hrs. or min.

OCCUPATION

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

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): Ark.

FATHER

13. NAME: Edmund Steward

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

MOTHER

15. MAIDEN NAME: Unknown

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

17. INFORMANT (ADDRESS): Mrs. Flosie Steward, Springfield - Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Liberty Mo. DATE , 19

19. UNDERTAKER (ADDRESS): Morton Co. North Kansas City

20. FILED 12/29 1933 John Morton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec 28, 1933

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

I last saw h alive on , 19 Death is said to have occurred on the date stated above, at 11:40 P m.

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

Gun Shot - by State Patrol

173

Date of onset

Other contributory causes of importance:

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: Gun Shot

Nature of injury: 3 Buck Shot in Back

24. Was disease or injury in any way related to occupation of deceased?

If so, specify: Kind nothing

(Signed) Catherine Wysong Co. Mer

(Address) Liberty Clay Co Mo