

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.

39627

JAN 26 1934

PLACE OF DEATH

County *Waller*  
Township *Calfax*  
City (No. ....) .....

Registration District No. *260*  
Primary Registration District No. *5362*

File No. ....  
Registered No. ....  
St. .... Ward)

2. FULL NAME *Ruel L. Stewart*  
(a) Residence, No. *508 Hickory St., 7th* 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) *widowed*  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Lelia Stewart*  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *June 12-1899*  
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. *34 6 5*

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *laborer*  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *gas station at*  
10. Date deceased last worked at this occupation (month and year) *Dec 19 1933*  
11. Total time (years) spent in this occupation. *6 m.*

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Jackson MO*

13. NAME *L. A. Stewart*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *MO*

15. MAIDEN NAME *Mary Morris*

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

17. INFORMANT (ADDRESS) *F. E. Morris*

18. BURIAL, CREMATION, OR REMOVAL PLACE *St. Auburn* DATE *Nov 20 1933*

19. UNDERTAKER (ADDRESS) *E. H. Sickenfuder*

20. FILED *12-21-33* *Mary S. McMahill* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Dec 17 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 *6:45* m.

The principal cause of death and related causes of importance were as follows:  
*Called after death*  
Date of onset

Other contributory causes of importance:  
*2:10 PM*

Name of operation *clinical* Date of *X*  
What test confirmed diagnosis? *clinical* 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 *Dec 17 1933*  
Where did injury occur? *Calfax Sup. Highway 3.6*  
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.  
*Public place*

Manner of injury *cut roughly*  
Nature of injury *cut across of brain*

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

(Signed) *E. H. Sickenfuder*  
(Address) *Stewartville MO*

*Cramer Medical Co. MO*

