

CAUSE OF DEATH IN PLAIN TERMS, SO THAT IT MAY BE PROPERLY CLASSIFIED. Exact statement of OCCUPATION is very important.

JAN 26 1934

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

Do not use this space.

40615

1. PLACE OF DEATH

56 County Lewis Registration District No. 477
 1 Township Primary Registration District No. 4286
 2 City Canton (No.) St. Ward

File No.
 Registered No. 53

2. FULL NAME

(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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Abella Stephenson</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb 20 1894</u>				
7. AGE	YEARS <u>38</u>	MONTHS <u>11</u>	DAYS <u>28</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spliner, sawyer, bookkeeper, etc. <u>Truck driver</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.			
FATHER	10. Date deceased last worked at this occupation (month and year) X			
	11. Total time (years) spent in this occupation.....			
MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Lewis Co Mo</u>			
	13. NAME <u>David Basil</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Cass Co Mo</u>			
	15. MAIDEN NAME <u>Abella David</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Lewis Co Mo</u>			
	17. INFORMANT <u>Mrs Abella Basil</u> (ADDRESS) <u>Canton Mo</u>			
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Canton Mo</u> DATE <u>Dec 20 1933</u>				
19. UNDERTAKER <u>Carl H. Buckley</u> (ADDRESS) <u>Canton Mo</u>				
20. FILED <u>Dec 20 1933</u> <u>H. W. Harris</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 18 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 18 1933, to Dec 18 1933

I last saw him alive on Dec 17 1933 Death is said to have occurred on the date stated above, at 10:30 p.m.

The principal cause of death and related causes of importance were as follows:
Bronchopneumonia Date of onset Dec 15

Other contributory causes of importance:
Syphilis 1926

Name of operation Date of
 What test confirmed diagnosis? Syphilis Was there an autopsy? no

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? no
 If so, specify

(Signed) H. W. Harris M. D.
 (Address) Canton Mo

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