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.

42332

JAN 26 1934
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1. PLACE OF DEATH
County Sullivan. Registration District No. 852 File No. 6
Township Polk Primary Registration District No. 6120 Registered No.
City (No. St. Ward)

2. FULL NAME Elenor Stephenson.
(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 4 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
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 Robert Stephenson
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 8, 1848
7. AGE YEARS 85 MONTHS 3 DAYS 1 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
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) Indianapolis Indiana.

FATHER
13. NAME Myers.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER
15. MAIDEN NAME Elenor
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS) Mrs. Bertha Ritze. Milan, Mo.
18. BURIAL, ~~CREMATION, OR REMOVAL~~ near cora, Deep Springs Cem. Mo. DATE Dec. 10 1933
19. UNDERTAKER (ADDRESS) C. A. Schoene Milan, Mo.
20. FILED Dec. 14 1933 Cleo Hagan Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 9, 1933
22. I HEREBY CERTIFY, That I attended deceased from Dec. 1, 1933, to Dec. 9, 1933
I last saw her alive on Dec. 1, 1933 Death is said to have occurred on the date stated above, at 12:38 p.m.
The principal cause of death and related causes of importance were as follows:

Broncho-pneumonia

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Date of onset about Dec. 1, 1933.

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
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) J. S. Montgomery, M. D.
(Address) Milan Mo.