

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.

FEB 27 1934

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

759
Do not use this space.
7225
522

1. PLACE OF DEATH
 County Stanton Registration District No. 311
 Township B097e Primary Registration District No. 3450
 City (No. St. Ward)

2. FULL NAME Mrs. Ethel Stephenson
 (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 M 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF Seth Stephenson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 21 - 1903

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
<u>30</u>	<u>9</u>	<u>8</u>	

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) Nadaway Co. Mo.

13. NAME Henry Crutcher

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iowa

15. MAIDEN NAME Elva Miller

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Greene Co. Mo.

17. INFORMANT (ADDRESS) Seth Stephenson

18. BURIAL, CREMATION, OR REMOVAL PLACE Stanbury DATE 1/31 1934

19. UNDERTAKER (ADDRESS) L. A. Phillips

20. FILED 1/30 1934 Wm. C. Williamson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 29 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan. 22 1934 to Jan. 29 1934
 last saw him alive on Jan. 29 1934 Death is said to have occurred on the date stated above, at 3:30 P. m.
 The principal cause of death and related causes of importance were as follows:
Influenza
 Date of onset

Other contributory causes of importance: 11/10

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) Jas. A. Crockett, M. D.
 (Address) Stanbury, Mo.

Dr. J. A. Crockett