

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.

10.  
6400  
FEB 27 1934

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

Do not use this space.

3200  
859

1. PLACE OF DEATH

County ..... Registration District No. **791**  
Township ..... Primary Registration District No. **1003**  
City **St Louis Mo.** (No. **Barnes Hospital**) St. .... Ward)

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

2. FULL NAME **Wm Gordon Stephenson**

(a) Residence, No. .... St. **N 12** Ward. **Mt Vernon 200**  
(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 <b>Male</b>	4. COLOR OR RACE <b>White</b>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <b>Married</b>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <b>Josephine Stephenson</b>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <b>12-28-1876</b>				
7. AGE	YEARS <b>57</b>	MONTHS <b>0</b>	DAYS <b>26</b>	IF LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession or particular kind of work done, as tailor, lawyer, bookkeeper, etc. <b>Inspector</b>			
	9. Industry or business in which work was done, as mill, saw mill, bank, etc. <b>Rights + Measure</b>			
	10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation	
MOTHER FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Ashley Ill</b>			
	13. NAME <b>Wm Stephenson</b>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Ashley Ill</b>			
	15. MAIDEN NAME <b>Sarah H. Tyler</b>			
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Jefferson County Ill</b>				
17. INFORMANT <b>Josephine Stephenson</b> (ADDRESS) <b>Mt Vernon Ill</b>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <b>Mt Vernon Ill</b> DATE <b>1-24-1934</b>				
19. UNDERTAKER <b>Myers and Co</b> (ADDRESS) <b>Mt Vernon Ill</b>				
20. FILED <b>Jan 27 1934</b> <b>Jeff Bredeck</b> Registrar.				

5 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **1-24-1934**

22. I HEREBY CERTIFY, That I attended deceased from **12-21-1933** to **1-24-1934**  
I last saw him alive on **1-24-1934**. Death is said to have occurred on the date stated above, at **4:00** p.m.  
The principal cause of death and related causes of importance were as follows:  
**Ch. nephritis**  
**Arterio sclerotic heart disease**  
**Uremia**  
**181**  
**95B**  
Other contributory causes of importance:  
**dilat. sclerotic general**  
**Emphysema**  
**131**

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? .....  
If so, specify **C-M. Charles** M. D.  
(Signed) **Barnes Hospital**  
(Address) .....

PHYSICIAN'S CERTIFICATE

(A)

STATE OF CALIFORNIA

Blank area for text, containing faint vertical lines and illegible markings.

Vertical text on the left side of the page, possibly a signature or date.