

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.

MAR 24 1934

1. PLACE OF DEATH  
County *Howell* Registration District No. *389*  
Township *Myatt* Primary Registration District No. *5543*  
City (No. \_\_\_\_\_) \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. *4751*  
Registered No. \_\_\_\_\_

2. FULL NAME *James S Stevens*  
(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 <i>M</i>	4. COLOR OR RACE <i>Wht</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>married</i>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Ellen Stevens</i>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Feb 17 - 1859</i>				
7. AGE <i>75</i>	YEARS	MONTHS	DAYS	IF LESS THAN 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Farming</i>			
	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 <i>free</i>			
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Arkansas</i>				
MOTHER	13. NAME <i>Jaral Stevens</i>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Hickman Ky.</i>			
	15. MAIDEN NAME <i>Mary Jane Mooney</i>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Hickman Ky.</i>			
17. INFORMANT <i>B. Lasser</i> (ADDRESS) <i>Rushmore Mo</i>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Marion Spring Mo</i> DATE <i>Feb 18</i> 19 <i>34</i>				
19. UNDERTAKER (ADDRESS) <i>Brown Co Jonesboro Mo</i>				
20. FILED <i>Feb 18</i> 19 <i>34</i> <i>H. A. Thompson</i> Registrar.				

MEDICAL CERTIFICATE OF DEATH	
21. DATE OF DEATH (MONTH, DAY, AND YEAR) <i>Feb 17</i> 19 <i>34</i>	
22. I HEREBY CERTIFY, That I attended deceased from <i>Feb 8</i> 19 <i>34</i> , to <i>Feb 17</i> 19 <i>34</i> I last saw him alive on <i>Feb 16</i> 19 <i>34</i> Death is said to have occurred on the date stated above, at <i>2 A</i> m. The principal cause of death and related causes of importance were as follows: <i>Cerebral Meningeal</i> <i>84</i> <i>84</i> 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? _____ If so, specify _____ (Signed) <i>H. A. Thompson</i> _____ M. D. (Address) <i>Linton Mo</i>	

Date of onset  
*Feb 6 - 8*

