

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 Dike Registration District No. 689
 Township Buffalo Primary Registration District No. 3033
 City Louisiana (No. Dike Co. Hospital) St. _____ Ward _____

File No. 6073
 Registered No. _____

2. FULL NAME

William Chauncey Stephens
 (a) Residence, No. Bowling Green, Mo. - St. _____ Ward. Bowling Green, Mo.
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred - yrs. - mos. 7 ds. How long in U. S., if of foreign birth? yrs. - mos. - ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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 Annie M. Stephens

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2-18-1860

7. AGE YEARS 73 MONTHS 11 DAYS 23 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Labourer
 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) Monroe Co., Mo.

MOTHER 13. NAME Absalom W. Stephens

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

15. MAIDEN NAME Edigna Hull

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT (Self) W. C. Stephens - Hospital Record

18. BURIAL, CREMATION, OR REMOVAL PLACE Bowling Green DATE Feb. 13 1934

19. UNDERTAKER W. B. C. Moore (ADDRESS) Bowling Green Mo

20. FILED 2/13 1934 J. C. Neely Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-11-1934

22. I HEREBY CERTIFY, That I attended deceased from 1-10, 1934, to 2-11, 1934

I last saw him alive on 2-10-34, 19____. Death is said to have occurred on the date stated above, at 10:15 P.

The principal cause of death and related causes of importance were as follows:

Chor Myocarditis

121 936

Other contributory causes of importance:

Ch. Int. Hep. Nritis

(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) J. H. Wiscoxon, M. D.

(Address) Bowling Green Mo

