

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.

59 FEB 27 1934

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

Do not use this space.

1. PLACE OF DEATH

County St. Francois
Township Iron
City Bismarck (No. _____) St. _____ Ward _____

Registration District No. 771
Primary Registration District No. 4462

File No. 6228
Registered No. _____

2. FULL NAME John Thomas Stevens

(a) Residence, No. Bismarck St. _____ Ward _____
(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 <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Malinda Stephens</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 1, 1853</u>		
7. AGE	YEARS <u>80</u>	MONTHS <u>10</u>
	DAYS <u>1</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>carpenter</u>	
	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) <u>mo</u>		
MOTHER	13. NAME <u>George Stevens</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Va</u>	
	15. MAIDEN NAME <u>Annie Thomas</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Va</u>	
17. INFORMANT <u>M. W. Baker</u> (ADDRESS) <u>Bismarck, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Bismarck</u> DATE <u>2-24</u> 19 <u>34</u>		
19. UNDERTAKER <u>H. R. White</u> (ADDRESS) <u>Bismarck</u>		
20. FILED <u>Feb 10</u> 19 <u>34</u> <u>E. M. Bryan MD</u> Registrar.		

(11) MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Dec 31 1933, to Feb 2 1934
I last saw him alive on 2-1 1934 Death is said to have occurred on the date stated above, at 9:45 a. m.
The principal cause of death and related causes of importance were as follows:
Carcinoma of Stomach 1932

Other contributory causes of importance:
468 W6

Name of operation no Date of _____
What test confirmed diagnosis? Cholera Was there an autopsy? no

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) W. B. Cook M. D.
(Address) Bismarck, Mo.

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED EXCEPT WHERE SHOWN OTHERWISE

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