

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

Do not use this space.

16402

230

1. PLACE OF DEATH

County Greene
Township Springfield
City Springfield (No. 1125)

Registration District No. 318
Primary Registration District No. 3001
N. Broadway

File No. 230
Registered No. _____
St. _____ Ward)

2. FULL NAME

(a) Residence, No. 1125 St. N. Broadway 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>Female</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>Joshua J. Stewart</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sep. 12 - 1860.</u>		
7. AGE	YEARS <u>73</u>	MONTHS <u>8</u>
	DAYS <u>8</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>House Wife</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>at Home</u>	
	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) Mo. Powell

MOTHER FATHER 13. NAME Benjamin Powell

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky. 9

MOTHER 15. MAIDEN NAME Sarah Elizabeth Newport

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn. 9

17. INFORMANT (ADDRESS) Mrs. W. W. Cheek, no. Springfield, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Springfield DATE May 27 1934

19. UNDERTAKER (ADDRESS) Buffalo, Mo.

20. FILED 5-21 1934 John W. Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 20 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov - 20 1933, to Dec 17 1934

I last saw him alive on May 17 1934 Death is said to have occurred on the date stated above, at 10:30 a.m.

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

Sarcoma of Liver

46E

Date of onset

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) E. M. Meyer, M. D.

(Address) 550 1/2 E. Com. St. Springfield, Mo.

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.

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