

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

Do not use this space.

21333

**1. PLACE OF DEATH**

County Madison

Registration District No. 625

File No. \_\_\_\_\_

Township \_\_\_\_\_

Primary Registration District No. 3031

Registered No. 67

City Marquette (No. \_\_\_\_\_)

St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Edwin V Stephens

(a) Residence, No. Belford 20 St. \_\_\_\_\_ Ward \_\_\_\_\_

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred — yrs. — mos. 3 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>Mrs Maudie Stephens</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 7 1877</u>		
7. AGE	YEARS <u>56</u>	MONTHS <u>11</u>
	DAYS <u>2</u>	If LESS than 1 day, _____ hrs. _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</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	

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 9 1934

22. I HEREBY CERTIFY That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said

to have occurred on the date stated above, at \_\_\_\_\_ m.

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

Deceased was found dead on north main st Marquette Missouri June 9 1934 at 5:00 AM evidently shot by gun shot by his own hand.

Other contributory causes of importance:

a 25-caliber pistol was found in his left hand

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? suicide Date of injury 6-9-1934

Where did injury occur? at above address

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Visible stress

Manner of injury gun shot in head

Nature of injury shot in brain

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify \_\_\_\_\_

(Signed) J. F. Koslofsky acting M.D.

(Address) 600 W. Marquette Mo

MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Belford Mo</u>
	13. NAME <u>Dan Stephens</u>
FATHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>England</u>
	15. MAIDEN NAME <u>Ermaline Gordon</u>
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>W. Va</u>
	17. INFORMANT <u>Mrs Maudie Stephens</u> (ADDRESS) <u>Belford Mo</u>
18. BURIAL, CREMATION, OR REMOVAL	
PLACE <u>Belford</u>	DATE <u>6-12 1934</u>
19. UNDERTAKER <u>Communion Farm Co</u> (ADDRESS) <u>Marquette Mo</u>	
20. FILED <u>6-11 1934</u> <u>Maudie C. Clarke</u> Registrar	

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.

JUL 13 1934

