

OCT 8 1934 MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

25509

1. PLACE OF DEATH

County Monroe
Township Leport
City Palmyra (No.)

Registration District No. 548.
Primary Registration District No. 5740.

File No.
Registered No. 57. St. Ward)

2. FULL NAME William B. Stewart

(a) Residence, No. St. Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 4 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF Jessie Jones

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 15, 1873

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
61 8 17

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

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 Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Burns, Mo

MOTHER FATHER 13. NAME John Stewart

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Palmyra, Mo

MOTHER 15. MAIDEN NAME Myrtle Rogers

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Palmyra, Mo

17. INFORMANT (ADDRESS) W. B. Stewart

18. BURIAL, CREMATION, OR REMOVAL PLACE Palmyra, Mo DATE 7/21 1934

19. UNDERTAKER (ADDRESS) W. B. Stewart

20. FILED 7-19-1934 Vertude Lee Registrar.

MEDICAL CERTIFICATE OF DEATH

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

I HEREBY CERTIFY That I attended deceased from June 22 1934 to July 2 1934.
last saw him alive on July 1 1934. Death is said to have occurred on the date stated above, at 6:00 A. m.

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

Pneumonia Date of onset

107A

Other contributory causes of importance:

Name of operation Clinical Date of No

What test confirmed diagnosis Clinical 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, 1934

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? No

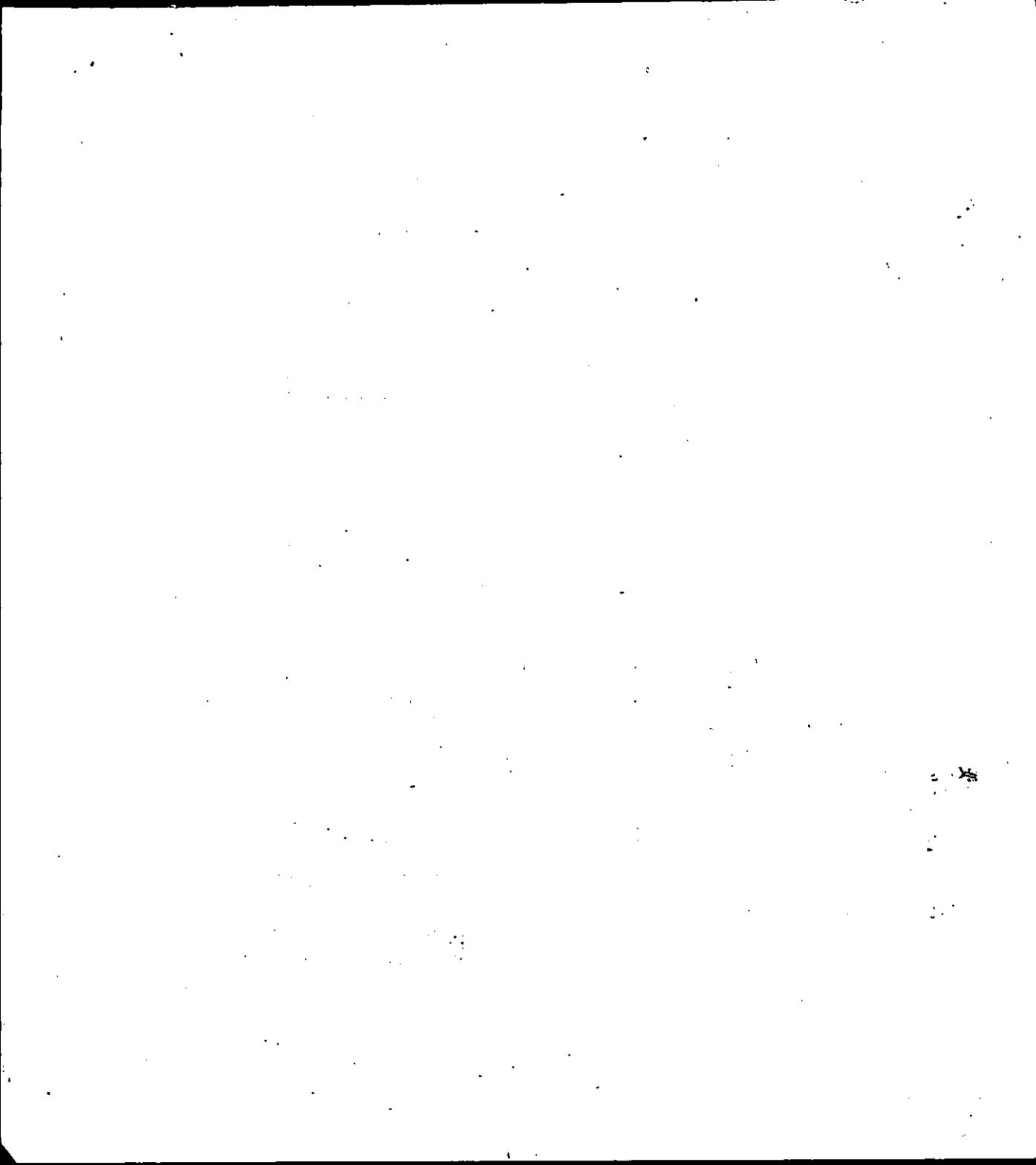
If so, specify No

(Signed) W. O. Buel M. D.
(Address) Palmyra, Mo.

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.

64



Mason

WASHINGTON

57

Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: Wm B Stewart
Who died at _____ on July 2 - 1934
Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____
Sex M Color or race W Single, married, widowed or divorced: _____

Date of birth _____ Age: Years 61 Months 8 Days 17

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. (b) Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation: Pneumonia Month _____ Year _____

Birthplace (State or country) _____

Birthplace of father (State or country) _____

Birthplace of mother (State or country) _____

Principal cause of death: "Broncho Pneumonia"

Other contributory causes of importance _____

Name of operation _____ Date of _____

What test confirmed diagnosis? Clinical Was there an autopsy? _____

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 _____

Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

Name of physician W C O'neil

Address of physician _____

Signature of Registrar Vertude Lee Date filed 7-19-34

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Very truly yours,

Reg. Dist. N.: 548
Primary Reg. Dist. No. 5740

E. T. McGaugh
Special Agent, Registrar

Local Field Office

Chicago, Ill.

Chicago, Ill. 10/10/59

Dear Sir: (Enclosed for you are two copies of a letterhead memorandum dated and captioned as above.)

Very truly yours,

Special Agent in Charge

Chicago, Illinois

Enclosure

Very truly yours,

Special Agent in Charge

Chicago, Illinois

Enclosure

Very truly yours,

Special Agent in Charge

Chicago, Illinois

Enclosure

Very truly yours,

Special Agent in Charge

9-25509

SEP