

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

Do not use this space.

FEB 8 1935

33637-3

1. PLACE OF DEATH

County Pemiscot Registration District No. 655
Township Virginia Primary Registration District No. 587V
City Denton (No.) St. Ward

2. FULL NAME

Mathie Steward
(a) Residence, No. St. Ward

(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. 9 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. COLOR OR RACE <u>W</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>M. F. Steward</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>10-14-1903</u>				
7. AGE	YEARS <u>30</u>	MONTHS <u>10</u>	DAYS <u>26</u>	IF LESS than 1 day, hrs. min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>House Keeper</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>L</u>			
	10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation <u>L</u>			
MOTHER FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Clark Co Oklahoma</u>			
	13. NAME <u>D. M. Huff</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Dallas Tex</u>			
	15. MAIDEN NAME <u>Matilday Hasley</u>			
MOTHER FATHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Clark Co Oklahoma</u>			
	17. INFORMANT <u>Matilday Hasley</u> (ADDRESS) <u>Oklahoma</u>			
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Rethel Ceme</u> DATE <u>9-12-34</u>				
19. UNDERTAKER <u>German Funer Co</u> (ADDRESS) <u>Clark Co</u>				
20. FILED <u>10/1</u> 19 <u>34</u> <u>Max F. Kelly</u> Registrar				

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-10-1934

22. I HEREBY CERTIFY, That I attended deceased from 9/10 1934 at 9/10 5:30 P.M.
I last saw her alive on 9/10 1934 Death is said to have occurred on the date stated above, at 6:10 P.M.
The principal cause of death and related causes of importance were as follows:
Pericarditis
9562
Other contributory causes of importance:
Coronary Insufficiency

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 Carey, Fred (Signed) Carey, Fred, M. D.
(Address)

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.

RECORD

