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.

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

Do not use this space.

38911

1. PLACE OF DEATH

County: Cole — Registration District No.: 213 — File No.:

Township: — Primary Registration District No.: 3014 — Registered No.: 338

City: Jefferson (No. ..., ... St. ..... Ward)

2. FULL NAME: Harold Everett Stearns

(a) Residence, No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)

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: 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: Solange Stearns

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May-14-1876

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
58	6	11	

OCCUPATION

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

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): New York State

FATHER

13. NAME: Not Known

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY):

MOTHER

15. MAIDEN NAME: Not Known

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): ?

17. INFORMANT (ADDRESS): Geffa Solange Stearns, Jefferson City Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE: Kasson, Minn. DATE: Dec-7-, 1934

19. UNDERTAKER (ADDRESS): Thorpe J. Gordon, Jefferson City Mo

20. FILED: 12 7 1934 — Dr Bedford M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Nov 25, 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 21, 1934, to Nov 25, 1934

I last saw him alive on Nov 25, 1934. Death is said to have occurred on the date stated above, at 4 P m.

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

	Date of onset
Coronary Thrombosis	
Angina Pectoris	

Other contributory causes of importance:

Name of operation: — Date of: —

What test confirmed diagnosis? — 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? No

If so, specify: —

(Signed) J. E. Bruce M. D.

(Address) Jefferson City Mo