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Do not use this space.
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MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

JAN 13 1936

1. PLACE OF DEATH Wayne
 County Wayne Registration District No. 890
 Township St. Francis Primary Registration District No. 4934
 City Wayne (No. 1187) St. Wayne Ward 1
 2. FULL NAME Iva Stephens
 (a) Residence, No. Wayne St. Wayne Ward 1
 (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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) M
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF Wm Stephens (OR) WIFE OF Wm Stephens
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 22, 1896
 7. AGE YEARS 38 MONTHS — DAYS 23 IF LESS than 1 day, hrs. or min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
 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) Wayne Co (STATE OR COUNTRY) Mo.
 FATHER 13. NAME Thomas B. Ward
 14. BIRTHPLACE (CITY OR TOWN) Wayne Co (STATE OR COUNTRY) Mo.
 MOTHER 15. MAIDEN NAME Isobell Barber
 16. BIRTHPLACE (CITY OR TOWN) Wayne Co (STATE OR COUNTRY) Mo.
 17. INFORMANT Wm Stephens (ADDRESS) Greenville, Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Home Cem DATE Nov 16 1934
 19. UNDERTAKER None (ADDRESS)
 20. FILED 11-15 1934 Wm Stephens Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-15 1934
 22. I HEREBY CERTIFY, That I attended deceased from 11-8 1934 to 11-15 1934
 I last saw her alive on 11-13 1934 Death is said to have occurred on the date stated above, at 10:25 PM
 The principal cause of death and related causes of importance were as follows:
Lobar Pneumonia Date of onset 7
108
 Other contributory causes of importance:
108
 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) J. F. Wagner M. D.
 (Address) Greenville, 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.

