

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

Do not use this space.

42573

1. PLACE OF DEATH: ^{Jan 5} 6 1935

County Gentry

Registration District No. 309

File No. _____

Township _____

Primary Registration District No. 4405

Registered No. 64

City Albany

St. _____ Ward _____

2. FULL NAME Emily Stewart

(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. 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 Alfred Stewart

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 4-1845

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
89 9 16

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

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) Gentry Co., Mo.

13. NAME John Glendinning

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

15. MAIDEN NAME Nancy Carter

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.

17. INFORMANT Mrs. John Guess (ADDRESS) Albany Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Carter DATE Dec. 22, 1935

19. UNDERTAKER A. T. Bays (ADDRESS) Albany Mo.

20. FILED Jan 5, 1935 W. G. Martin Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 20, 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 20th, 1934, to Dec 20th, 1934

I last saw him alive on Dec 20th, 1934. Death is said

to have occurred on the date stated above, at 7 P. m.

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

Chronic Interstitial Nephritis (Arterial Sclerosis)
131
1848
1328
Other contributory causes of importance:
Chronic Myocarditis

Date of onset Chronic
known

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 _____, 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? _____

If so, specify _____

(Signed) W. Stearns, M. D.

(Address) Albany 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.

