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.

JAN 1 8 1935

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

Do not use this space.

43295

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No. 5583
Township Kan — Primary Registration District No. 1002 — Registered No.
City Kan City (No. 404-W-17 St. Ward)

2. FULL NAME Charles A Stewart
(a) Residence, No. 404-W-17 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 Female. 4. COLOR OR RACE White. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Bessie Stewart.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 22 1860

7. AGE YEARS 74 MONTHS 8 DAYS 9 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. R.R. Telegraph Operator
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) Ohio.

FATHER
13. NAME — Stewart
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Scotland.

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT (ADDRESS) Ralph Stewart 404-W-17

18. BURIAL, CREMATION, OR REMOVAL
PLACE Springfield, Ohio DATE 1/3/35, 19

19. UNDERTAKER (ADDRESS) H. Bugman

20. FILED 12/31 1934 M. M. Crowe Asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/31, 1934

22. I HEREBY CERTIFY That I attended deceased from Deputy Crowe, 19..., 19...
I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 8 pm.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocardiac	
936	

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis Autopsy 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) [signature], M. D.
(Address) [signature]