APR 27 1935

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

Do not use this space. 8844

1. PLACE OF DEATH

County Greene — Registration District No. 318 — File No. 159

Township Campbell — Primary Registration District No. 1 3440 — Registered No.

City ~~Springfield~~ (No. U.S. Medical Center St. Ward)

2. FULL NAME STEVENS, James E.

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

Length of residence in city or town where death occurred yrs. 4 mos. 11 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
male	white	married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (~~OR WIFE OF~~) Sedalia Stevens

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 9, 1869

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
65	4	7	

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. labor

10. Date deceased last worked at this occupation (month and year) unknown

11. Total time (years) spent in this occupation unknown

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fairfield, Ill.

FATHER

13. NAME S. V. Stevens

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) U. S. A.

MOTHER

15. MAIDEN NAME Amanda Carter

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) U. S. A.

17. INFORMANT (ADDRESS) deceased

18. BURIAL, CREMATION, OR REMOVAL
PLACE Ash Grove, Mo. DATE Mar. 18, 1935, 19

19. UNDERTAKER (ADDRESS) Alma Lohmeyer Funeral Home Springfield, Missouri

20. FILED 3-17, 1935 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 16, 1935, 19

22. I HEREBY CERTIFY, That I attended deceased from Nov. 5, 1934, to March 16, 1935

I last saw him alive on March 16, 1935. Death is said to have occurred on the date stated above, at 8:05 A.m.

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

	Date of onset
Pneumonia, bilateral, hypostatic	

Other contributory causes of importance:
Hypertrophy of prostate, benign
Cystitis
Pyelonephritis
Arteriosclerosis
Myocardial degeneration

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? no 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.
no
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify.

(Signed) L. E. Burney, Asst. Surgeon M. D.
(Address) Clinical Director, U.S. Medical Center
Springfield, Missouri

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.

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File No. 8844

Registered No. 159-

1. PLACE OF DEATH

County: Greene — Registration District No. 318

Township: — Primary Registration District No. 3444

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

2. FULL NAME: James E. Stevens

(a) Residence, No. ash Grove Mo. 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: M

4. COLOR OR RACE: W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): Married

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

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

7. AGE: YEARS ..... MONTHS ..... DAYS ..... If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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)

FATHER

13. NAME

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

MOTHER

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE ..... DATE ....., 19....

19. UNDERTAKER (ADDRESS)

20. FILED 1-29-, 1936 Ralph W. Langston Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 16-, 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at ..... m.

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

	Date of onset
Pneumonia - Hypostatic	
Bilateral - Broncho -	

Other contributory causes of importance:

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) L. E. Burnes, M. D.

(Address) Springfield Mo.

S-8844