

MAY 23 1935 MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

12127

1. PLACE OF DEATH

County Callaway Registration District No. 1111
Township Cleveland Primary Registration District No. 5-160
City (No.) St. Ward

2. FULL NAME

Elizabeth Jane Stephens
(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 X 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 3, 1845

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
89 10 11

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
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) Missouri

FATHER 13. NAME Beverly Martin

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

MOTHER 15. MAIDEN NAME Louisa E. Puliam

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

17. INFORMANT M. W. Stephens (ADDRESS) Stephens, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Old Cedar Grove DATE April 15, 1935

19. UNDERTAKER Geo. H. Wallace (ADDRESS) Sutton, Mo.

20. FILED Apr 15, 1935 B. H. Stephens Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 14, 1935

22. I HEREBY CERTIFY, That I attended deceased from Apr 10, 1935 to Apr 14, 1935
I last saw her alive on Apr 13, 1935 Death is said

to have occurred on the date stated above, at 5 a.m.

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

Apoplexy
Other contributory causes of importance: None
Name of operation None Date of -
What test confirmed diagnosis? None 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.

Manner of injury -

Nature of injury -

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

If so, specify -

(Signed) B. H. Stephens M. D.
(Address) Stephens, 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.

