

JUN 24 1935

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

Do not use this space.

16684

1. PLACE OF DEATH

County Jackson
Township Jackson
City Kansas City (No. 7 C. General Hosp)

Registration District No. 399
Primary Registration District No. 1002

File No. _____
Registered No. 2107
St. _____ Ward _____

2. FULL NAME

Christopher C. Stewart
(a) Residence, No. 3622 St. John 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 Alice Belle Stewart

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 19 1895

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
39 8 7

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.

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) West Virginia

13. NAME George Stewart

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

15. MAIDEN NAME Margaret

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

17. INFORMANT Reina Clark
(ADDRESS) 722 Calhoun St. Kansas City, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE West Hill DATE 5-29 1935

19. UNDERTAKER Mrs. C. L. Jones
(ADDRESS) 418 Broadway Ave

20. FILED May 27 1935 M. M. Cronin Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-26 1935

22. I HEREBY CERTIFY, That I attended deceased from 4-19 1935 to 5-26 1935

Last saw him alive on 5-26 1935 Death is said to have occurred on the date stated above, at 2:10 p.m.

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

Nephritis;
Pneumonitis;
uremic

Other contributory causes of importance:
Bronchopneumonia

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 1935

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) Reina Clark, M. D.

(Address) 722 Calhoun St. Kansas City, 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.

