

Jul 9 1935

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

Do not use this space.

18933

1. PLACE OF DEATH

County Boone Registration District No. 73
Township Columbea Primary Registration District No. 3006
City Columbia (No. _____) St. _____ (Ward)

File No. _____
Registered No. 120

2. FULL NAME

Alex Stewart
(a) Residence, No. N. Williams 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) Widowed
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 5-6-1845
7. AGE YEARS 90 MONTHS 1 DAYS 3 If LESS than 1 day, _____ hrs. or _____ min.

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.
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) Paisley, Scotland

13. NAME Alex Stewart

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

15. MAIDEN NAME Christina McEllum

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

17. INFORMANT (ADDRESS) Lillie McHenry

18. BURIAL, CREMATION, OR REMOVAL PLACE Columbia Cem. DATE 6-10 1935

19. UNDERTAKER (ADDRESS) Parker Furniture Co

20. FILED 6/10/1935 Allie Selby Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-9-1935

22. I HEREBY CERTIFY, That I attended deceased from Apr. 1920, to June 9- 1936

I last saw him alive on June 6- 1935 Death is said to have occurred on the date stated above, at 7A m.

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

Cerebral Hemorrhage Date of onset 6-8-35

Other contributory causes of importance:

Old age

Name of operation _____ 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. no

Manner of injury _____

Nature of injury None

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

If so, specify _____

(Signed) W. D. Dyson, M. D.

(Address) Columbia, 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.

WRITE PRINTED, WITH UNFADING INK—THIS IS A PERMANENT RECORD

