

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.

AUG 22 1935

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

21979

1. PLACE OF DEATH

County North
 Township Allen
 City North (No. 905)

Registration District No. 905Primary Registration District No. 6214

File No. _____

Registered No. _____

St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ 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 Anna Stephenson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12-16-1859

7. AGE YEARS 75 MONTHS 6 DAYS —
 If LESS than 1 day, _____ hrs. or _____ min.

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

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) Deer Creek, Mo.

13. NAME Wm. Stephenson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Deer Creek, Mo.

15. MAIDEN NAME Lucinda Smith

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

17. INFORMANT Dr. Brown
 (ADDRESS) Deer Creek, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Miller DATE 6-18-1935

19. UNDERTAKER Deer Creek, Mo.
 (ADDRESS) Deer Creek, Mo.

20. FILED Aug 6, 1935 Deer Creek, Mo. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-16-1935

22. I HEREBY CERTIFY, That I attended deceased from June 14, 1935 to June 16, 1935

I last saw him alive on June 13, 1935 Death is said to have occurred on the date stated above, at 8:30 P.M.
 The principal cause of death and related causes of importance were as follows:

Chronic myocarditis Date of onset 1933

Other contributory causes of importance: 93°

Name of operation _____ Date of _____
 What test confirmed diagnosis? Inspection Is 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 _____, 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) James N. Long, M. D.

(Address) Deer Creek, Mo.

