

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

Do not use this space.

AUG 12 1935

22012

1. PLACE OF DEATH

County Adair
Township Clay
City (No.) St. Ward)

Registration District No. 4
Primary Registration District No. 5006

File No.
Registered No. 134

2. FULL NAME Mrs Catherine Stewart

(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 F. 4. COLOR OR RACE A. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 28th 1886

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or, min.
35 48 8 18

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

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) Adair Co. Mo.

13. NAME Thos Sutton

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

15. MAIDEN NAME Lucinda Lewis

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

17. INFORMANT O. E. Stewart (ADDRESS) Brookline, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Owens Cemetery DATE 7/12 1935

19. UNDERTAKER F. R. Enaley (ADDRESS) Brookline, Mo.

20. FILED July 12, 1935 Spencer Freeman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 11 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 1933 to July 1935
I last saw her alive on Feb 8 1935 Death is said to have occurred on the date stated above, at 6 A. m.

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

Tuberculosis of Heart
Date of onset Don't know

Other contributory causes of importance:

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?..... 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) H. M. Hyatt M. D.
(Address) Brookline, Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

