

AUG 16 1935

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

Do not use this space.

22894

1. PLACE OF DEATH

County Iron Registration District No. 1034
Township Liberty Primary Registration District No. 5547
City Sebula (No., St. Ward)

File No. 1
Registered No. 93

2. FULL NAME Nay Truman Stevenson

(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 white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 31, 1906

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
28 9 20

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. Highway

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) Sebula, Missouri

13. NAME G. D. Stevenson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iron Co., Missouri

15. MAIDEN NAME Unknown

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

17. INFORMANT Paul Stevenson Sebula, Mo
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Ellington, Mo. DATE July 21, 1935

19. UNDERTAKER White & Son
(ADDRESS) Ironton, Mo

20. FILED July 21, 1935 Missouri W. Newton
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July, 20 1935

22. I HEREBY CERTIFY, That I attended deceased from, 19....., to, 19.....

I last saw h..... alive on, 19..... Death is said to have occurred on the date stated above, at 4 P. m.

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

Verdict of Jury
Nayman Stevenson came to his death by a bullet wound on left side of body, inflicted by Arnie Luby.

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Homicide Date of injury 7/20, 1935

Where did injury occur? Sebula Iron Co., Mo.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Knife wound
Nature of injury on left side near back

24. Was disease or injury in any way related to occupation of deceased?

If so, specify No

(Signed) W. Newton
(Address) Ironton 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.

THE UNIVERSITY OF CHICAGO
LIBRARY

1963

1963

1963

1963

1963

1963

1963

1963

1963

1963

1963

1963

1963

1963

1963

1963

1963

1963

1963

1963

1963

1963

1963

1963

1963

1963