

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.

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

Do not use this space.

OCT 22 1935

29092

1. PLACE OF DEATH

County Crawford
 Township Boone
 City Bourbon (No. _____)

Registration District No. 229
 Primary Registration District No. 2211

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

2. FULL NAME

William Green Stephens

(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 Rachel A. Stephens

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4-15-1849

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day,hrs. ormin.
	<u>86</u>	<u>5</u>	<u>12</u>	

OCCUPATION

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) Pickens South Carolina

MOTHER FATHER

13. NAME William Stephens

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) South Carolina

15. MAIDEN NAME Unknown

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

17. INFORMANT Jacob Chapman (ADDRESS) St Louis, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Bourbon DATE 4-29-1935

19. UNDERTAKER Albert E. Rong (ADDRESS) Bourbon, Missouri

20. FILED 9-29-1935 Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-27-1935

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.....m.

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

Myocarditis Date of onset _____
Coroner's verdict
Renalitis

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? _____ 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 Albert E. Rong - coroner

(Signed) _____ (Address) Bourbon, Mo.

