

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.

NOV 26 1935

33703

1. PLACE OF BIRTH

County Randolph

Registration District No. 783

Township Moberly

Primary Registration District No. 3084

City Moberly (No. Woodland Hospital)

File No. _____

Registered No. 175

St. _____ Ward _____

2. FULL NAME

Leonard E. Stephens

(a) Residence, No. _____ St. _____ Ward. Middle Gear, Mo.
(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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 15th 1857

7. AGE YEARS 78 MONTHS 9 DAYS 6 If LESS than 1 day, _____ hrs. or _____ min.

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

13. NAME Thomas N. Stephens

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

15. MAIDEN NAME Mary Swindell

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

17. INFORMANT Nelson Stephens (ADDRESS) Moberly, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Middle Gear, Mo. DATE Oct 23rd 1935

19. UNDERTAKER Mulvan and Son (ADDRESS) Moberly, Mo.

20. FILED 10/23 1935 Virginia Walker Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 21st 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct. 17, 1935, to Oct 21, 1935

I last saw him alive on Oct 21, 1935. Death is said to have occurred on the date stated above, at 3:30 P. M.

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

Accidentally fell from wagon to ground causing fracture-dislocation of 5th and 6th cervical vertebrae with destruction of spinal cord.

Date of onset Oct 17 1935

Other contributory causes of importance: _____

Name of operation None Date of None

What test confirmed diagnosis? X-Ray Was there an autopsy? ✓

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? accident Date of injury Oct 17, 1935

Where did injury occur? Home at Middle Gear, Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Home, fell from wagon

Manner of injury Falling in wagon, fell off

Nature of injury Fracture-dislocation 5th & 6th cervical vertebrae with cord destruction

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

If so, specify FARMER, falling in wagon

(Signed) R. D. Streetor, M. D.

(Address) Moberly, Mo.

