

MAR 16 1936

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

Do not use this space.

35-025-1

1. PLACE OF DEATH

County Adair
Township Olney
City (No. _____)

Registration District No. 1023
Primary Registration District No. 5006

File No. _____
Registered No. 27
St. _____ Ward _____

2. FULL NAME

Richard Carlisle Stewart

(a) Residence, No. Greentop R.F.D. 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 <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mary Jane Stewart</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>1-14-1854</u>		
7. AGE	YEARS <u>81</u>	MONTHS <u>10</u>
	DAYS <u>12</u>	If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>
	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) Greenburg
(STATE OR COUNTRY) Kentucky13. NAME William Stewart14. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY)15. MAIDEN NAME Black16. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY)17. INFORMANT G. R. Stewart
(ADDRESS) 104 N. Dale St., Paul Mouri.18. BURIAL, CREMATION, OR REMOVAL
PLACE Fort Madison Cem. DATE 11-29-193519. UNDERTAKER Dee Riley
(ADDRESS) Perkinsville Mo.20. FILED Mar. 7 1936 Spencer Freeman
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-26-193522. I HEREBY CERTIFY, That I attended deceased from 11-21-1935, to 11-26-1935.I last saw him alive on 11-26-1935. Death is saidto have occurred on the date stated above, at 4 P.m.

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

Labor Pneumonia Date of onset _____106

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 _____

(Signed) M. G. Kennedy, M. D.(Address) Yorksville Mo.

MARCA RESERVED FOR BINDING

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.

