

DEC 13 1935

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

Do not use this space.

40373

1. PLACE OF DEATH

County Monroe Registration District No. 579 File No.
Township Madison Primary Registration District No. 5776 Registered No.
City (No.) St. Ward)

2. FULL NAME

Orphae Todd 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 <u>male</u>	4. COLOR OR RACE <u>white</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>Stow Luzzum Steph</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>11/27/1882</u>				
7. AGE	YEARS <u>51</u>	MONTHS <u>0</u>	DAYS <u>8</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	

MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Monroe Co</u>
	13. NAME <u>Richard Stephens</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>
	15. MAIDEN NAME <u>Hazel Aleford</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Monroe Co Mo</u>
FATHER	17. INFORMANT <u>Earle Hale</u> (ADDRESS) <u>Madison, Mo RR</u>
	18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Ash</u> DATE <u>12/7</u> 19 <u>35</u>
	19. UNDERTAKER <u>Edna Thompson</u> (ADDRESS) <u>Madison, Mo</u>
	20. FILED <u>12/7</u> 19 <u>35</u> <u>W. W. Eubank</u> Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 5, 193522. I HEREBY CERTIFY, That I attended deceased from Nov., 1934, to Dec. 5, 1935Last saw h. in alive on Dec. 5, 1935. Death is saidto have occurred on the date stated above, at 12 a.m.

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

Lobar pneumonia Date of onset Dec 4
Cancer of prostate and bladder 1934

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? X-Ray, cystoscopy Was there an autopsy? no.

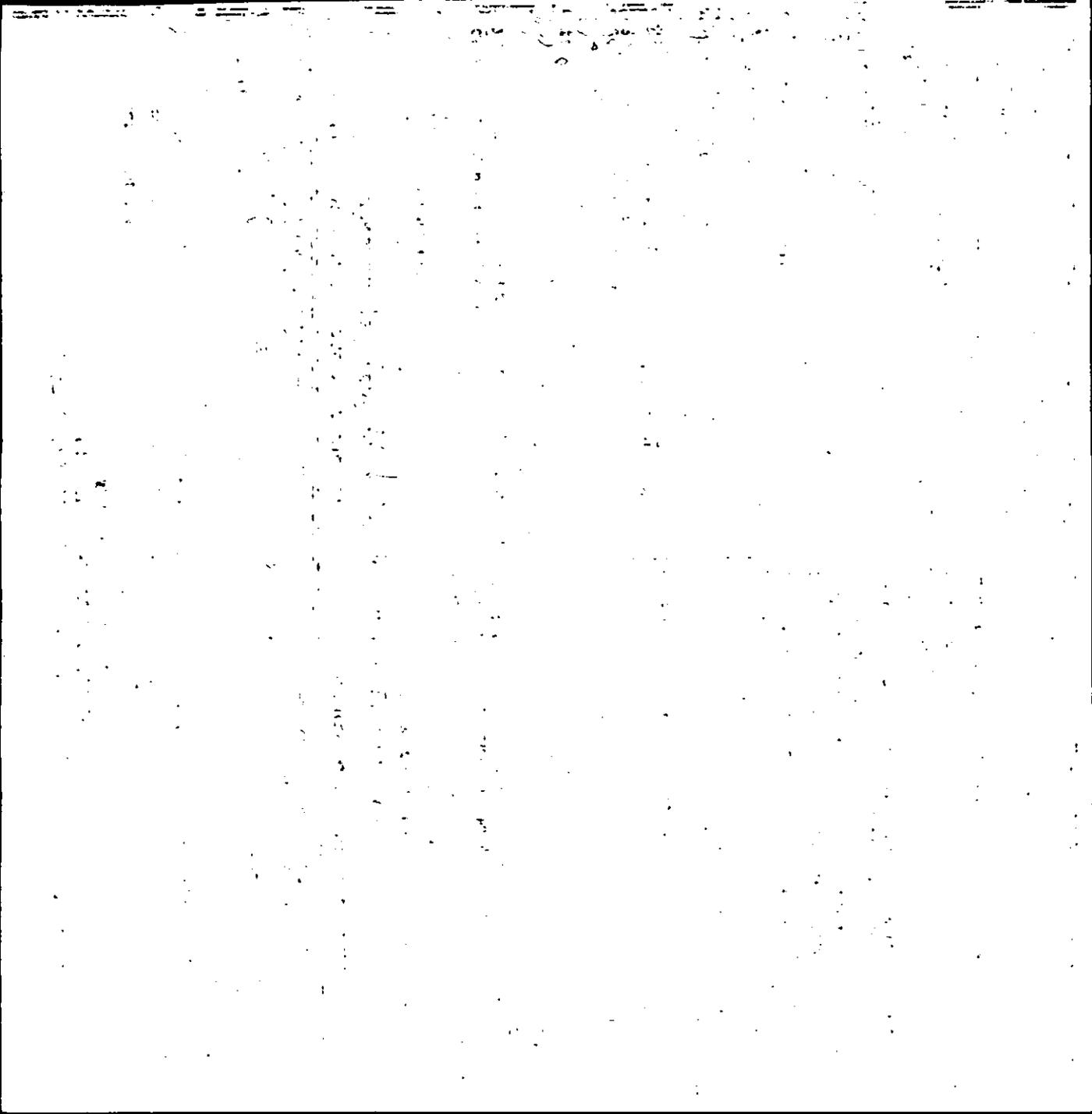
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19.....

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) W. W. Eubank D.D., M.D.
(Address) Madison, Mo.



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ALL INFORMATION CALLED
FOR MUST BE NOTED IN THIS SPACE
THIS SUPPLEMENTARY

1. PLACE OF DEATH

County Monroe
Township Marion
City _____ (No. _____) _____ St. _____ Ward _____

Registration District No. 379
Primary Registration District No. 3776

File No. _____
Registered No. _____

2. FULL NAME

Orpha Todd Stephens

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 5 1935

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

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____. That he/she was _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

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

7. AGE YEARS 31 MONTHS 0 DAYS _____ If LESS than 31 days _____ hrs. min.

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

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
9. Industry or business in which work was done, as silk mill, saw mill, bank _____
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

Kovai Pneumonia Date of onset _____
Cancer of prostate and bladder

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

13. NAME _____

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

15. MAIDEN NAME _____

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

17. INFORMANT (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL

PLACE _____ DATE _____ 19____

19. UNDERTAKER (ADDRESS) _____

20. FILED 12-27 1935 Waller W. Eubank Registrar

Other contributory causes of importance:
Either in bladder or prostate, probably the prostate.

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

23. If death was due to external cause (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) J. R. Turner, D.O., M.D.
(Address) Madison

5-40373