

JAN 20 1936

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

Do not use this space.

40688

1. PLACE OF DEATH

County Ralls
Township Saline
City — (No. —)

Registration District No. 930
Primary Registration District No. 5962

File No. —
Registered No. —
St. — Ward —

2. FULL NAME

(a) Residence, No. — St. — Ward —
(Usual place of abode)
Length of residence in city or town where death occurred 45 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

3. SEX Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Linda C. Stewart
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 14-1862
7. AGE YEARS 73 MONTHS 6 DAYS 11 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) Feb. 1933 11. Total time (years) spent in this occupation —

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marion Co. Missouri
13. NAME John A. Stewart
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky
15. MAIDEN NAME Brene Kimbley
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) Mrs. R. L. Stewart, Huntington Mo R-2

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Jude's Cemetery DATE Dec. 11, 1935

19. UNDERTAKER (ADDRESS) Wilson & Son, Monroe City Mo.

20. FILED Dec 11, 1935 g. E. Floyd Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 9, 1935
22. I HEREBY CERTIFY, That I attended deceased from Nov. 28, 1935 to Dec 7, 1935
I last saw him alive on Dec 7, 1935 Death is said to have occurred on the date stated above, at 7:30 p. m.
The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage
arteriosclerosis and high blood pressure about 20 years standing
Other contributory causes of importance:
arteriosclerosis and high blood pressure about 20 years standing
Name of operation — Date of —
What test confirmed diagnosis? clinical 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) J. D. Cohen M.D.
(Address) Monroe City Mo.

