

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

Do not use this space.

FEB 20 1936

2264

1. PLACE OF DEATH

County Morgan Registration District No. \_\_\_\_\_  
Township Richland Primary Registration District No. \_\_\_\_\_  
City Flance (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 4

2. FULL NAME

Mrs Francis Pate 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 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF wife of James Stephens

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 21-1888

7. AGE YEARS 76 MONTHS 7 DAYS 6 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

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

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) Fufus Missouri Mo

13. NAME Thomas Pate Stephens

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) State of Tennessee

15. MAIDEN NAME Martha Fude Good

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) State of Tennessee

17. INFORMANT James Stephens (ADDRESS) Flance Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Brown Ridge Mo DATE Jan 29 1936

19. UNDERTAKER A. F. Newberry (ADDRESS) Flance Mo

20. FILED Jan 28 1936 Mrs Edwin Bremer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 27 1936

22. I HEREBY CERTIFY, That I attended deceased from 1-23-36 to 1-27-36, 1936

I last saw him alive on 1-26-36. Death is said to have occurred on the date stated above, at 11 A. m.

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

Chron. Myocarditis Date of onset \_\_\_\_\_

Other contributory causes of importance: \_\_\_\_\_

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? symptoms 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 \_\_\_\_\_, 1936

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) Edwin Bremer M. D.

(Address) Flance Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

V.S. NO. 2  
100-1-24-33

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.

