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.

APR 20 1936

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

Do not use this space.

11170

1. PLACE OF DEATH
County Jasper — Registration District No. 408
Township Union — Primary Registration District No. 3565
City ..... (No. Carthage Mo. R# 3 St. ..... Ward)

File No. .....
Registered No. .....

2. FULL NAME James Albert Stephens
(a) Residence, No. Carthage Mo. R# 3 St. ..... Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 21 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): Married

5A. IF MARRIED, ~~WIDOWED, OR DIVORCED~~ HUSBAND OF ~~(OR) WIFE OF~~ Addie Holmes Stephens

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 4-1869

7. AGE: YEARS 66 — MONTHS 6 — DAYS 20. — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming
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) Sharp Co. Ark.

FATHER
13. NAME Samuel B. Stephens
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wayne Co. Mo.

MOTHER
15. MAIDEN NAME Jennie Merces
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

17. INFORMANT (ADDRESS) Mrs. J. A. Stephens Carthage Mo. R# 3

18. BURIAL, CREMATION, OR REMOVAL
PLACE Dudman Cemetery DATE 3-27 1936

19. UNDERTAKER (ADDRESS) Ulmer Carthage Mo.

20. FILED Mar. 27, 1936 S. B. Chilton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 24, 1936

22. I HEREBY CERTIFY, That I attended deceased from Mch 16, 1936, to Mch 21, 1936
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 8:30 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Organic heart disease	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... 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? .....
If so, specify .....
(Signed) L. C. Ehrnswith, M. D.
(Address) Joplin Mo