

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

Do not use this space.

MAY 20 1936

14767

1. PLACE OF DEATH

County Centry

Registration District No. 309

Township Howard

Primary Registration District No. 5434

City Georgetown (No. 1)

St. Mo. Ward 1

2. FULL NAME

George H. Stephenson

(a) Residence, No. 1

St. Mo.

Ward 1

(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

M

4. COLOR OR RACE

W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Married

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

Elizabeth Stephenson

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

11-6-1856

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

79

4

26

OCCUPATION

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)

11. Total time (years) spent in this occupation

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

Centry County, Mo

FATHER

13. NAME

William Stephenson

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

Kentucky

MOTHER

15. MAIDEN NAME

Lucinda Smith

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

Alabama

17. INFORMANT (ADDRESS)

J. P. Brown, Denver

18. BURIAL, CREMATION, OR REMOVAL

PLACE Proctor Cemetery DATE April 4, 1936

19. UNDERTAKER (ADDRESS)

Brown Bros., Denver, Mo

20. FILE

Apr. 4, 1936 W. F. Martin Registrar

MEDICAL CERTIFICATE OF DEATH

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

April 2, 1936

22. I HEREBY CERTIFY, That I attended deceased from

3-30, 1936, to 4-2, 1936

I last saw him alive on 4-2, 1936 Death is said to have occurred on the date stated above, at 3 P. M.

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

Influenza + Bronchitis
Pneumonia

Date of onset

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

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)

C. D. Dole

M. D.

(Address) New Hampton, Mo

