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.

MAY 19 1936

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

Do not use this space.

15296

1. PLACE OF DEATH

County Jackson — Registration District No. 399 — File No.

Township Kaw — Primary Registration District No. 1002 — Registered No. 2013

City Kansas City (No. Research Hospital St. Ward)

2. FULL NAME DeWitt Clinton Stephenson

(a) Residence, No. 5625 Harrison S St., Ward. (If nonresident, give city or town and State)
(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.

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: Mrs. Sallie H. Stephenson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): January 1, 1853

7. AGE: Years 83 — Months 3 — Days 13 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired
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): Iowa

FATHER

13. NAME: Hugh Stephenson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ohio

MOTHER

15. MAIDEN NAME: Sarah Stephenson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ft. Madison Iowa

17. INFORMANT (ADDRESS): Mrs. Sallie H. H. Stephenson 5625 Harrison

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Elmwood Cemetery
PLACE Kansas City, Mo. DATE April 14, 1936

19. UNDERTAKER (ADDRESS): Stine & McClure 3235 Gillham Plaza

20. FILED Apr 15, 1936 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): April 14, 1936

22. I HEREBY CERTIFY, That I attended deceased from 4-10, 1936 to April 14, 1936
I last saw him alive on April 14, 1936. Death is said to have occurred on the date stated above, at P m. 8:30
The principal cause of death and related causes of importance were as follows:

Fracture hip
Pneumonia
Cerebral
Hemorrhage

Date of onset

Other contributory causes of importance: 0

Name of operation 0 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? 0 Date of injury April 14, 1936
Where did injury occur? At his home (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. In home
Manner of injury: Apple in basement
Nature of injury: Fracture Femur

24. Was disease or injury in any way related to occupation of deceased? 0
If so, specify
(Signed) H. O. Leonard, M. D.
(Address) 3637 Charlotte

Dr H. C. Leonard