JUN 20 1936

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

Do not use this space.

19181

1. PLACE OF DEATH

County Greene — Registration District No. 318

Township N Campbell — Primary Registration District No. 5439

City Springfield Mo. Route 4 (No. Greene Co Farm St. ..... Ward)

File No. .....

Registered No. 424

2. FULL NAME Charlie Stevens.

(a) Residence. No. County Almshouse St., ... Ward. .....
(Usual place of abode) (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: Male.

4. COLOR OR RACE: White

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

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

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

7. AGE: About 94 YEARS — MONTHS — DAYS: Dont know — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Inmate Co Farm

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer

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

PARENTS

10. NAME OF FATHER: No

11. BIRTHPLACE OF FATHER (CITY OR TOWN): No.
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER: No

13. BIRTHPLACE OF MOTHER (CITY OR TOWN): No
(STATE OR COUNTRY)

14. INFORMANT: Mr. McDonald Sup
(Address) Greene Co Farm R#4

15. FILED 5-6, 1936 Dr Chas A George
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 5 1936

17. I HEREBY CERTIFY, That I attended deceased from Oct 1-35, 19....., to May, 1936, that I last saw him alive on May 3, 1936, and that death occurred, on the date stated above, at 9 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Lobar Pneumonia

108

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) .....

(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? .....

DID AN OPERATION PRECEDE DEATH? No. DATE OF .....

WAS THERE AN AUTOPSY? No.

WHAT TEST CONFIRMED DIAGNOSIS? —

(Signed) R. L. Russell, M. D

5-6-1936 (Address) Court House Springfield

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: County Almshouse Cemetery

DATE OF BURIAL: 5/6/36 19

20. UNDERTAKER: Mr. W. M. McDonald

ADDRESS: Route 4

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

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.