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.

1 X7044

JUN 17 1936

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

Do not use this space.

19441

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No.
Township Kaw — Primary Registration District No. 1002 — Registered No. 2397
City Kansas City (No. Research Hospital St. Ward)

2. FULL NAME Henry P. Stewart Jr.
(a) Residence, No. 912 Valentine Rd. 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: 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: Mary M. Stewart
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept 19, 1896
7. AGE: YEARS 39 — MONTHS 7 — 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.: Real Estate
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): Kansas City MO.

FATHER
13. NAME: Henry P Stewart
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Hartford Connecticut

MOTHER
15. MAIDEN NAME: Minnie Duke
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kansas City MO.

17. INFORMANT (ADDRESS): May Stewart Kinsella St Louis, MO.
18. BURIAL, CREMATION, OR REMOVAL
PLACE St Mary's DATE 19
19. UNDERTAKER (ADDRESS): Wagner Funeral Home 204 W Linwood
20. FILED May 11, 1936 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May 9, 1936
22. I HEREBY CERTIFY, That I attended deceased from 5-6, 1936, to 5-9, 1936
I last saw him alive on 5-9-, 1936. Death is said to have occurred on the date stated above, at 9 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Perforated Duodenal Ulcer	5-7-36

Other contributory causes of importance: Peritonitis

11 Ml

Name of operation Suture of Ulcer Date of 5-9-36
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) W. M. Vatchaw, M. D.
(Address) 405 Waltheim

Ketcham Wm Merrit
Waldheim Bg.
Vi 6708