

JUL 22 1936
MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Jackson Registration District No. 398 File No. 22751
 Township Blue Primary Registration District No. 5554 Registered No. 241
 City (No.) St. Ward

2. FULL NAME

Agatha J. Stewart
 (a) Residence, No. Stewart Farms Independence 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 Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Charles Stewart
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 8 - 1861
 7. AGE YEARS 75 MONTHS 3 DAYS 21 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Homemaker
 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) Winchester Ind

13. NAME B. F. Mann

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

15. MAIDEN NAME Martha Hawkins

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

17. INFORMANT (ADDRESS) Miss Nellie Stewart Independence, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Salem Cem DATE June 30 1936

19. UNDERTAKER (ADDRESS) W. H. + Mitchell Independence, Mo

20. FILED 7-6-1936 F. L. Cook Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 29 1936

22. I HEREBY CERTIFY That I attended deceased from June 26 1936 to June 29 1936
 I last saw her alive on June 29 1936. Death is said to have occurred on the date stated above, at 3 a. m.

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

Coronary occlusion Date of onset 10
94 B
 Other contributory causes (if any) none

Name of operation none Date of no
 What test confirmed diagnosis? Chloroform 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? no
 If so, specify.
 (Signed) W. H. + Mitchell, M. D.
 (Address) Independence, Mo

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.

