

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

Do not use this space.

26629

1. PLACE OF DEATH

County Jackson
Township Leard
City KCMO (No. 2047. E. 18th)

Registration District No. 399
Primary Registration District No. 1002

File No. _____
Registered No. 3300
St. _____ Ward _____

2. FULL NAME

Joe Stevenson
(a) Residence, No. 1511 Park St. _____ Ward _____
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH 10:10pm

3. SEX Male 4. COLOR OR RACE negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-11-36 1936

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

22. I HEREBY CERTIFY, That I attended deceased from _____, 1936 to _____, 1936

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4-11-1905

I last saw him alive on _____, 1936. Death is said to have occurred on the date stated above, at 10:10 P.M.

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 31 3 0

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

OCCUPATION 8. Trade, profession or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Store Porter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Eysel Drug Co
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

Homicide
stab wound of left chest
Date of onset 1936
Other contributory causes of importance: _____

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

FATHER 13. NAME Joseph Stevenson

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

MOTHER 15. MAIDEN NAME Donkman

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

17. INFORMANT Alice Eskridge (ADDRESS) 1511 Park KCMO

18. BURIAL, CREMATION, OR REMOVAL Angelus Cemetery DATE 7-16-36

19. UNDER TAKER Adkins Bros. (ADDRESS) KCMO

20. FILED July 15 1936 M. M. Crown Registrar

Name of operation _____ Date of _____

What test confirmed diagnosis? autopsy Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Homicide Date of injury 7-11-36

Where did injury occur? 2047 E-18 (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury stab wound of chest

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) Lucian T. Richardson, M. D.

(Address) 1832 Vine

CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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