AUG 21 1936

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

Do not use this space.

27017

1. PLACE OF DEATH
County Jasper Co. Registration District No. 411 File No.
Township Primary Registration District No. 2002 Registered No.
City Joplin, Mo (No. Freeman Hospital St. Ward)

2. FULL NAME William Frederick Stephan
(a) Residence, No. Washburn Mo. R.F.D. Ward. Washburn, Mo.
(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 Mrs Maude Stephan
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1-27-1874
7. AGE 62 YEARS 62 MONTHS 6 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.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer
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) Scottsboro, Alabama

FATHER
13. NAME Peter M. Stephan
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER
15. MAIDEN NAME Cora E Stephan
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Palmira, New York

17. INFORMANT (ADDRESS) Family

18. BURIAL, CREMATION, OR REMOVAL
PLACE Little Rock, Ark. DATE 7-12-36

19. UNDERTAKER (ADDRESS) Belka Furnal Home Wheaton Mo.

20. FILED 7-10, 1936 Ed D Jones Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-10-36, 19

22. I HEREBY CERTIFY, That I attended deceased from April 6, 1936, to 7-10, 1936
I last saw him alive on 7-9, 1936. Death is said to have occurred on the date stated above, at 6:30 a.m.
The principal cause of death and related causes of importance were as follows:

Sepsis due to bilateral kidney infection non tuberculous

Date of onset

Other contributory causes of importance:

Prostate Hypertrophy & bladder infection

Name of operation none 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? — 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) Leroy W. Baxter, M. D.
(Address) Joplin, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified

29
1874
1936