

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

Do not use this space.

SEP 16 1936

29780

**1. PLACE OF DEATH**

County Atchison Registration District No. 21  
 Township Buchanan Primary Registration District No. 5130  
 City Watson (near) (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** Elmer C. Stewart

(a) Residence, No. 1 (near) Watson St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode) (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Rosie Longwith</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 30 - 1864</u>		
7. AGE	YEARS <u>72</u>	MONTHS <u>3</u>
	DAYS <u>15</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>	
	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) <u>7-3-34</u>	11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Cumberland Md.</u>		
FATHER	13. NAME <u>William H. Stewart</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Pennsylvania</u>	
	15. MAIDEN NAME <u>Lucinda Emeloy</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>	
17. INFORMANT (ADDRESS) <u>May Elmer C. Stewart Watson Missouri</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Hansington</u> DATE <u>August 17, 1936</u>		
19. UNDERTAKER (ADDRESS) <u>Chas. G. Johnson Hansington Iowa</u>		
20. FILED <u>8/25</u> <u>319</u> <u>G. H. Gray</u> Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 15, 1936

22. I HEREBY CERTIFY, That I attended deceased from July 15, 1936 to Aug 15, 1936  
 I last saw him alive on Aug 14, 1936. Death is said to have occurred on the date stated above, at 4 a. m.  
 The principal cause of death and related causes of importance were as follows:

<u>Valvular heart disease.</u>	Date of onset <u>1935</u>
<u>nutritional degeneration</u>	<u>1936</u>
<u>Josie Thyroid</u>	<u>1936</u>

Other contributory causes of importance: 191

Extreme heat  
Heat stroke

Name of operation none Date of \_\_\_\_\_  
 What test confirmed diagnosis: basophilic 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) R. D. Daucus M. D.  
 (Address) Hansington

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.

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

