

SEP 28 1936

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

Do not use this space.

30090

File No. _____
Registered No. 3183
St. _____ Ward _____

1. PLACE OF DEATH

County CallawayRegistration District No. 102Township LibertyPrimary Registration District No. 5163

City _____ (No. _____)

St. _____ Ward _____

2. FULL NAME

Nannie Boulevard Stephens(a) Residence, No. Hutton, Missouri 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) _____

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND-OF (OR) WIFE OF M. H. Stephens

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1880-2-9

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
56 5 24

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. Housewife
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) Hutton, Callaway Co.13. NAME James H. Boulevard14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) D. K.15. MAIDEN NAME Lizzie Harding16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia17. INFORMANT Mrs. Lee S. Wallace (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL

PLACE Pleasant Grove DATE Aug-5 193619. UNDERTAKER Lee S. Wallace (ADDRESS) _____20. FILED 8-6- 1936 b.B. Nichols Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 3 193622. I HEREBY CERTIFY, That I attended deceased from Jan 1936, to Aug 3, 1936I last saw her alive on Aug 3, 1936 Death is said to have occurred on the date stated above, at 8:45 m.

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

Carcinoma of Breast
60

Date of onset

Other contributory causes of importance:

Name of operation _____ 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 _____, 1936

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) A. D. Ferguson M. D.(Address) Hutton, Mo

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.

SD FILED _____ ' 13

12. UNDERTAKER _____
(ADDRESS)

PLACE _____

13. BURIAL CREMATI _____
(ADDRESS)

14. INFORMANT _____

ITOM _____
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