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.

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

SEP 21 1936

Do not use this space.

30164

1. PLACE OF DEATH

County Cape Girardeau — Registration District No. 125 — File No.

Township " — Primary Registration District No. 3009 — Registered No. 289

City Cape Girardeau (No. , St. Francis Hospital St. Ward)

2. FULL NAME Charles Franklin Stephens

(a) Residence, No. 20 South Hanover St., 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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 26, 1935

7. AGE — YEARS: 1 — MONTHS: 6 — DAYS: 16 — If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child
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) Cape Girardeau, Mo.

FATHER

13. NAME Charles Z. Stephens
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Zalma, Mo.

MOTHER

15. MAIDEN NAME Violet Allen
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cape Girardeau, Mo.

17. INFORMANT (ADDRESS) Charles Z. Stephens, Cape Girardeau, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Fairmont Cemt. DATE Aug. 13, 1936

19. UNDERTAKER (ADDRESS) Haman's Funeral Home, Cape Girardeau, Mo.

20. FILED 8-12-1936 J. M. Thompson Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 12, 1936

22. I HEREBY CERTIFY, That I attended deceased from 8/10, 1936 to 8/12, 1936

I last saw h. PM alive on 8/12, 1936 Death is said to have occurred on the date stated above, at 11:55AM.

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

Gastro-Enteritis

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? 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) [signature], M. D.

(Address) Cape Girardeau Mo