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.

SEP 24 1936

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

Do not use this space.

31453

1. PLACE OF DEATH
County Johnson
Township ~~Chilhowee~~
City Chilhowee (No. ....., ... St. ..... Ward)

Registration District No. 426
Primary Registration District No. 4253

File No. .....
Registered No. 14

2. FULL NAME Jewel Stephens

(a) Residence, No. ..... St., ... Ward. .....
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 36 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 10th 1900

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	36	--	2	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
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) Chilhowee
(STATE OR COUNTRY) Mo.

FATHER
13. NAME James Moore
14. BIRTHPLACE (CITY OR TOWN) not known
(STATE OR COUNTRY)

MOTHER
15. MAIDEN NAME Alice Morgan
16. BIRTHPLACE (CITY OR TOWN) not known
(STATE OR COUNTRY)

17. INFORMANT Wm. Wilson,
(ADDRESS) Chilhowee, Mo.

18. BURIAL, ~~CREMATION, OR REMOVAL~~ ##########
PLACE Eldon, Mo. DATE Aug 14th 1936

19. UNDERTAKER O. L. Cook
(ADDRESS) Chilhowee, Mo.

20. FILED Aug 17, 1936
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 12-36, 19

22. I HEREBY CERTIFY, That I attended deceased from Aug 9, 1936 to Aug 12, 1936
I last saw her alive on Aug 12, 1936 Death is said to have occurred on the date stated above, at 10:30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage or Thrombus	
Final	

Other contributory causes of importance:
Hay fever Allergy

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical 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) J. H. Beeler, M. D.
(Address) Chilhowee Mo

APR 12 1949