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

OCT 21 1936

Do not use this space.

36362

1. PLACE OF DEATH.
County Saline
Township Marshall
City Marshall (No. ..... , ... St. ..... Ward)

Registration District No. 796
Primary Registration District No. 3038

File No. .....
Registered No. 172

2. FULL NAME Willie Stephson
(a) Residence, No. 213 N English St., ... 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 M
4. COLOR OR RACE Col
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 25 - 1933

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
3	2	12	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. X
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. X
10. Date deceased last worked at this occupation (month and year) X
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marshall Saline Co. Mo.

FATHER
13. NAME Willie Stephson.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miami Mo

MOTHER
15. MAIDEN NAME Ernnie Cook
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Saline Co Mo.

17. INFORMANT (ADDRESS) Willie Stephson. Marshall Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Fairview Cem DATE Sept. 9 1936

19. UNDERTAKER (ADDRESS) F. D. Ferguson Marshall Missouri

20. FILED Sept. 9 1936 Helen Huston Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 7, 1936

22. I HEREBY CERTIFY, That I ~~attended deceased~~ from held in guest, to Sept. 8, 1936
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 7 p. m.
The principal cause of death and related causes of importance were as follows:

Gun Stab wound in right side of head
Accidental

Date of onset

Other contributory causes of importance:

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Name of operation ✓ Date of ✓
What test confirmed diagnosis? ..... Was there an autopsy? Partial

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accidental 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? .....
If so, specify .....
(Signed) C. L. Lawless Coroner, M.D.
(Address) Marshall Mo.