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.

DEC 3 1936

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

Do not use this space.

38234

1. PLACE OF DEATH

County Lewis — Registration District No. 478 — File No.

Township Highland — Primary Registration District No. 3642 — Registered No. 13

City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME Delbert Thomas Stewart

(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 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)
Male	White	Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 25, 1936

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, 3 hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

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) Lewistown Missouri

FATHER

13. NAME Noland Stewart

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lewis County Missouri

MOTHER

15. MAIDEN NAME Leona Marie Bringer

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lewis County Missouri

17. INFORMANT (ADDRESS) Noland Stewart Lewistown Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Prim DATE Oct. 25, 1936

19. UNDERTAKER (ADDRESS) No undertaker

20. FILED Nov. 10, 1936 Anna K. Ball Dept. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 25, 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct. 25, 1936, to Oct. 25, 1936

I last saw him alive on Oct. 25, 1936. Death is said to have occurred on the date stated above, at 9 a.m.

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

	Date of onset
Premature birth	Oct. 25

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? None 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) Harry L. McCracken M.D. ~~M.D.~~

(Address) Lewistown, Missouri