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 18 1936

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

Do not use this space.

40581

1. PLACE OF DEATH
County: Cape Girardeau — Registration District No. 125
Township: — Primary Registration District No. 3009
City: Cape Girardeau (No. 1105 N. Benvenito St. St. Ward)

File No.
Registered No. 384

2. FULL NAME: Nina Pearl Stevens

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

Length of residence in city or town where death occurred yrs. mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Mch 13 - 1867

7. AGE: Years 69 | Months 7 | Days 24 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House wife
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): Alexander Co. Ill.

FATHER

13. NAME: John H. Parker
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ills.

MOTHER

15. MAIDEN NAME: Charlotte Blackwell
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tenn.

17. INFORMANT (ADDRESS): H. Nicholas Miller City Ill.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Cairo Ill. DATE: Nov. 7, 1936

19. UNDERTAKER (ADDRESS): L. Mackey Funeral Home Cape Girardeau Mo.

20. FILED: 11-7, 1936 J. M. Thompson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Nov. 7th, 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 28, 1936, to Nov 7, 1936.
I last saw h.... alive on ....19.... Death is said to have occurred on the date stated above, at 4 20 am
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebrovascular Disease	

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 ....., 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) H. F. Stevens M. D.
(Address) Cape Girardeau Mo.