JAN 27 1937

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

Do not use this space.

43502

1. PLACE OF DEATH
County Stoddard — Registration District No. 840 — File No.
Township Duck Creek — Primary Registration District No. 6102 — Registered No. 51
City Rural (No. , St. Ward)

2. FULL NAME Carroll Austin Steward
(a) Residence, No. X St., X Ward. X
(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: 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: X

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 19, 1919

7. AGE: YEARS 17 — MONTHS 10 — DAYS 1 — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer
10. Date deceased last worked at this occupation (month and year) Nov 1, 1936
11. Total time (years) spent in this occupation life

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

FATHER
13. NAME Jess Steward
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

MOTHER
15. MAIDEN NAME Lula Veneta Maddox
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

17. INFORMANT (ADDRESS) Raymond Crowe Pacific R-2.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Rock Hill DATE 11-21st 1936

19. UNDERTAKER (ADDRESS) Marshal Shain Fisk Mo.

20. FILED 11/21 1936 Vivian Hawks Glenn Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-20th 1936

22. I HEREBY CERTIFY, That I attended deceased from 11/18, 1936, to 11/20, 1936
I last saw him alive on 11/20, 1936. Death is said to have occurred on the date stated above, at 7:20 A.m.
The principal cause of death and related causes of importance were as follows:
Typhoid Fever. — Date of onset 10/25/36

Other contributory causes of importance:
Hemorrhage of bowels from Typhoid Ulcer.

Name of operation ..... Date of .....
What test confirmed diagnosis? C 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) S. S. Davis, M. D.
(Address) Dexter

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

MARGIN RESERVED FOR BINDING

V. S. NO. 2 100M-3-28-35