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.

FEB 25 1936

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

Do not use this space.

File No. 47641 54

Registered No.

1. PLACE OF DEATH

County New madrid — Registration District No. 607

Township Near Bockerton — Primary Registration District No. 5806

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

2. FULL NAME XXXXXXX Charles Minibbell Stephens

(a) Residence, No. rorta ville, mo. R. 3 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)
Mal.	white	

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan., 31st, 36

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

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

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) Near Bockerton, Mo. New Madrid

FATHER

13. NAME William Carroll Stephens

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

MOTHER

15. MAIDEN NAME Bertha Alline Simers

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Madrid Co, Mo

17. INFORMANT (ADDRESS) William C. Stephens, father

18. BURIAL, CREMATION, OR REMOVAL
PLACE Portageville DATE 1-31-36

19. UNDERTAKER R M. Payne
(ADDRESS) Portageville Mo

20. FILED Feb 8, 1936 Mary W. Cook
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 31-36, 19

22. I HEREBY CERTIFY, That I attended deceased from Just when born, 19....., to ....., 19.....

I last saw it in alive on still born, 19..... Death is said to have occurred on the date stated above, at .....m.

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

	Date of onset
Still born evidently due to torsion of umbilical cord day before birth.	

Other contributory causes of importance:

None

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) A. A. Rucker, M. D.

(Address) Portageville, Mo.