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.

MAY 20 1936

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

Do not use this space.

1. PLACE OF DEATH
County Gentry Registration District No. 31 File No. 48088
Township Bogle Primary Registration District No. 5430 Registered No.
City Gentry (No. , St. Ward)

2. FULL NAME Infant Daughter of Mr. & Mrs. Crawford Stephens

(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)
Female	White	Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 22 1936

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) Gentry (STATE OR COUNTRY) Missouri

FATHER
13. NAME Crawford Stephenson
14. BIRTHPLACE (CITY OR TOWN) Bassett (STATE OR COUNTRY) Iowa

MOTHER
15. MAIDEN NAME Hazel Richards
16. BIRTHPLACE (CITY OR TOWN) Gentry (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) Crawford Stephenson Gentry, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Greenridge DATE April 23 1936

19. UNDERTAKER Clifford Brooks
(ADDRESS) Albany, Mo

20. FILED May 10 1936. Dr O N Williamson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 22 1936

22. I HEREBY CERTIFY, That I attended deceased from April 22, 1936, to April 22, 1936
I last saw her alive on April 22, 1936. Death is said to have occurred on the date stated above, at 10:15 A. M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Still born	

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) Chas. O. Williamson M. D.
(Address) Gentry Mo