

FEB 16 1937 MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

350

1. PLACE OF DEATH

County Butler Registration District No. 89
Township _____ Primary Registration District No. 3007
City Poplar Bluff (No. Poplar, Bluff Hospital St. _____ Ward) _____

2. FULL NAME Floyd Stevens

(a) Residence, No. _____ St. _____ Ward. Quin, Mo.
(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 _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) December 2, 1922

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
14 1 15

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Schoolboy
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) Don't know 31

13. NAME John Stevens

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

15. MAIDEN NAME Ronnie Myers

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

17. INFORMANT J.O. Stevens (grandfather)
(ADDRESS) Butler county, Missouri

18. BURIAL, CREMATION, OR OTHER TREATMENT
PLACE Quin DATE Jan. 18, 1937

19. UNDERTAKER Greer Funeral Service
(ADDRESS) Poplar Bluff Missouri

20. FILED 1/18 1937 W. H. G. G. G.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 17, 1937

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 3:30 A.M.

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

Peritonitis infection

Other contributory causes of importance 1934

Gun shot wound in abdomen

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? accident Date of injury 12/24, 1936

Where did injury occur? Butler Co. Mo.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Public Place

Manner of injury Dropped gun while hunting

Nature of injury Discharge of shot, left side abdomen

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____
(Signed) Greer W. Greer
(Address) Poplar Bluff Mo.

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.

