

FEB 18 1937

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

Do not use this space

1. PLACE OF DEATH

County New Madrid Registration District No. 605 File No. 2394  
Township Canon Primary Registration District No. 4357 Registered No. \_\_\_\_\_  
City Parma, R. (No. 71) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Marcel Remona 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>✓</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 26 - 1937</u>		
7. AGE YEARS <u>no</u>	MONTHS <u>no</u>	DAYS <u>3</u>
If LESS than 1 day, _____ hrs. or _____ min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	<u>✓</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	<u>✓</u>
	10. Date deceased last worked at this occupation (month and year)	<u>✓</u>
11. Total time (years) spent in this occupation		<u>1</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>MO</u>		
FATHER	13. NAME <u>James Stephen</u>	<u>1</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>MO</u>	
MOTHER	15. MAIDEN NAME <u>Ida Tucker</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>MO</u>	
17. INFORMANT <u>James Stephen</u> (ADDRESS) <u>Parma MO</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Malden MO</u> DATE <u>Jan 29 37</u>		
19. UNDERTAKER <u>J. C. Kuyper</u> (ADDRESS) <u>Parma MO</u>		
20. FILED <u>1-29 37</u> <u>D. G. Woodward</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 29 - 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan. 26, 1937, to Jan. 29, 1937  
I last saw her alive on Jan 26, 1937 Death is said to have occurred on the date stated above, at 1 A. m.  
The principal cause of death and related causes of importance were as follows:  
Premature Birth  
7 months gestation  
159  
Other contributory causes of importance:  
no  
Name of operation no 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) J. C. Kuyper, M. D.  
(Address) Parma 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.

WHITE PLAIN WITH IMPROVING THIS IS A PERMANENT RECORD

