

MAR 18 1937

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

Do not use this space.

1. PLACE OF DEATH

County De Kalb Registration District No. 267 File No. 5690
Township Park Primary Registration District No. 4161 Registered No. _____
City Union Star (No. _____) St. _____ Ward _____

2. FULL NAME

Eliza Ellen Stewart
(a) Residence, No. Union Star, Mo. St. _____ Ward. _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 52 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>F.</u>	4. COLOR OR RACE <u>W.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Samuel Stewart</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb. 25 1844</u>				
7. AGE YEARS <u>92</u>	MONTHS <u>11</u>	DAYS <u>16</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>Housewife</u>			
	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) <u>1927</u>			
11. Total time (years) spent in this occupation _____				
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Centre County Pennsylvania</u>				
FATHER	13. NAME <u>William Bird</u>			
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Centre County Pennsylvania</u>				
MOTHER	15. MAIDEN NAME <u>Jane Henderson</u>			
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>				
17. INFORMANT (ADDRESS) <u>Margaret G. Stewart Highway near mo.</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Union Star</u> DATE <u>Feb. 13 1937</u>				
19. UNDERTAKER (ADDRESS) <u>Loyale M. Wilson Highway near mo.</u>				
20. FILED <u>2/17 1937</u> <u>E. M. Reynolds</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 11 1937

22. I HEREBY CERTIFY That I attended deceased from November 2 1936, to February 11 1937. I last saw him alive on February 11 1937. Death is said to have occurred on the date stated above, at 11:00 a.m. The principal cause of death and related causes of importance were as follows:
Senility

Date of onset _____

Other contributory causes of importance: _____

Name of operation _____ Date of _____

What test confirmed diagnosis? clinical 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? _____
If so, specify Pathos E. Reelherd D.O., M. D.
(Signed) Union Star, Mo.
(Address)

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.

