

MAR 25 1937

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

Do not use this space.

8993

1. PLACE OF DEATH

County SalineRegistration District No. 799Township SlaterPrimary Registration District No. 4479City Slater (No)

File No. _____

Registered No. 7

St. _____ Ward _____

2. FULL NAME

Garrett Christie Stephenson(a) Residence, No. SlaterMO

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

M

4. COLOR OR RACE

wh

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)

Feb 2 - 1937

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, 12 hrs. or min.

OCCUPATION

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

Baby

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)

SlaterMO

FATHER

13. NAME

Garrett Clifford Stephenson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

SlaterMO

MOTHER

15. MAIDEN NAME

Dorothy Harmon

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Kansas CityMO

17. INFORMANT (ADDRESS)

G.C. Stephenson JrSlaterMO

18. BURIAL, CREMATION, OR REMOVAL

PLACE GilmanMODATE 2-31937

19. UNDERTAKER (ADDRESS)

Hill BrothersSlaterMO

20. FILED

2-31937W. M. Zullo

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 2, 193722. I HEREBY CERTIFY, That I attended deceased from Feb 2, 1937, to Feb 2, 1937I last saw him alive on Feb 2, 1937. Death is saidto have occurred on the date stated above, at 6:25 p.m.

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

Difficult labor(Never got strong)
(Posterior-occipital) Prostitution
(Instrumental delivery -)

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) R.H. Muehle

M. D.

(Address) _____

WRITE PLAINLY WITH UNFADING INK---THIS IS A PERMANENT RECORD

X7044

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.

Handwritten text, possibly a name or date, oriented vertically.

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