MAY 21 1937

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

Do not use this space.

File No. 16500
Registered No. 9

1. PLACE OF DEATH
County: Holt
Township: Lewis
City: (No. , St. Ward)
Registration District No. 373
Primary Registration District No. 3520

2. FULL NAME John Wright Stephenson?
(a) Residence, No. County Farm St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 2 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): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Mary E. Stephenson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): April 16 1857

7. AGE: Years 83; Months; Days 16; If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Farmer
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): Illinois

FATHER
13. NAME: Ned Stephenson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): Mrs. W. R. Lagston, Bigelow Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Amazonia Mo. DATE: May 9, 1937

19. UNDERTAKER (ADDRESS): Lester Pettijohn, Tarson Mo.

20. FILED: 5-8, 1937 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May 6, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 6, 1937, to May 7, 1937
I last saw him alive on May 6, 1937. Death is said to have occurred on the date stated above, at 5:30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Occlusion of the coronary artery	5-6-37

Other contributory causes of importance:
Arteria Sclerosis.

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? No
If so, specify
(Signed) Jas C. Tracy, M. D.
(Address) Mound City Mo.

County Health commissioner

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.