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JUL 28 1937

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

Do not use this space.

1. PLACE OF DEATH

County Darwin Registration District No. 139
Township Hale Primary Registration District No. 4077
City Hale (No. _____) St. _____ Ward _____

File No. 23392
Registered No. 29

2. FULL NAME

William J. 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 male 4. COLOR OR RACE Wht 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 26 1858
7. AGE YEARS 79 MONTHS 2 DAYS 23 If LESS than 1 day, _____ hrs. or _____ min.

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

13. NAME Elijah Stephens

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

15. MAIDEN NAME Elizabeth Burton

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

17. INFORMANT (ADDRESS) Mr. Raymond Stephens

18. BURIAL, CREMATION, OR REMOVAL

PLACE Walden DATE 6-21 1937

19. UNDERTAKER (ADDRESS) W. H. Slates

20. FILED June 20, 1937 W. H. Slates Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 19 1937

22. I HEREBY CERTIFY that I attended deceased from March 1 1937, to June 18 1937
I last saw him alive on June 18 1937. Death is said to have occurred on the date stated above, at 2 P. m.
The principal cause of death and related causes of importance were as follows:

Bronchial pneumonia Date of onset 3-6

Other contributory causes of importance: 1072

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 1

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____

(Signed) W. H. Slates, M. D.

(Address) Hale 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.

