

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.

Do not use this space.

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

39 JUL 28 1937

1. PLACE OF DEATH
County Greene Registration District No. 318
Township Springfield Primary Registration District No. 2901
City Springfield No. 1951 Denton St. Ward)
2. FULL NAME Jesse W. Stewart
(a) Residence, No. 1951 Denton St. Ward. (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.

File No. 23697
Registered No. 477A
St. Ward)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (single)
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 26-1921
7. AGE YEARS 15 MONTHS 6 DAYS 7 If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. In school
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home of school
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) Mo
13. NAME Wm. B. Stewart
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo
15. MAIDEN NAME Huldah E. Campbell
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo
17. INFORMANT (ADDRESS) Huldah E. Stewart
Springfield, Mo.
18. BURIAL, CREMATION, OR REMOVAL Resent Hotel DATE June 5-1937
19. UNDERTAKER (ADDRESS) W. Klingner & Co.
Springfield, Mo.
20. FILED June 5 1937 Chas. H. George
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 3, 1937
I HEREBY CERTIFY That I attended deceased from May 29, 1937 to June 3, 1937
I last saw him alive on May 29, 1937 Death is said to have occurred on the date stated above, at 5 m.
The principal cause of death and related causes of importance were as follows:
Pulmonary Tuberculosis Date of onset unknown
Other contributory causes of importance: Enlarged heart unknown
Name of operation None Date of
What test confirmed diagnosis? Physical 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) W. J. Walsh M. D.
(Address) Springfield, Mo.

