

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

Do not use this space.

JUL 30 1937

24295

1. PLACE OF DEATH

County Mercer Registration District No. 558
Township Lindley Primary Registration District No. 5752
City Cainsville (No. 1) Lindley Twp St. _____ Ward _____

File No. _____
Registered No. 48

2. FULL NAME

Jonathan Franklin Stephens
(a) Residence, No. Cainsville P. O. 11 Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married
6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 27, 1870
7. AGE YEARS 66 MONTHS 11 DAYS 14 If LESS than 1 day, _____ hrs. or _____ min.

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

13. NAME Benjamin Franklin Stephens

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

15. MAIDEN NAME Louisa Esque

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

17. INFORMANT Mary Francis Stephens (ADDRESS) Cainsville Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Soar Cemetery DATE July 7, 1937

19. UNDERTAKER C. F. Stoddard (ADDRESS) Cainsville Mo.

20. FILED 7/7 1937 J. M. Perry Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY That I attended deceased from July 1, 1937 to July 6, 1937
I last saw him alive on July 6, 1937. Death is said to have occurred on the date stated above, at 4:30 A.M.
The principal cause of death and related causes of importance were as follows:

Affluor Abduley Lew Bemia Date of onset _____

Other contributory causes of importance: 1200

Name of operation _____ Date of _____
What test confirmed diagnosis? Lab 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) J. S. Duff, M. D.
(Address) Cainsville Mo.

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

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.

1
2
2
31

THE UNIVERSITY OF CHICAGO LIBRARY

THE UNIVERSITY OF CHICAGO LIBRARY
 540 EAST 57TH STREET
 CHICAGO, ILLINOIS 60637
 TEL: 773-936-3000
 FAX: 773-936-3000
 WWW: WWW.CHICAGO.LIBRARY.EDU