

JUL 31 1937

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

Do not use this space.

1. PLACE OF DEATH

County Stoddard  
Township Liberty  
City (No. , Ward)

Registration District No. 838  
Primary Registration District No. 62988

File No. 25060  
Registered No.

2. FULL NAME

Harry Otis Stewart

(a) Residence, No. , St. , Ward. (If nonresident, give city or town and State)  
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mattie Stewart

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 9, 1874

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
63 1 23

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) Chicago, Ill.

FATHER 13. NAME Thos. A. Stewart

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

MOTHER 15. MAIDEN NAME Electa Jane Crawford

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

17. INFORMANT Mrs. Mattie Stewart  
(ADDRESS) Dexter, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Ezell Cem. DATE 7/4/37

19. UNDERTAKER Blankenship-Strickland  
(ADDRESS) Dexter, Mo.

20. FILED 7-9 1937 Margaret Boone Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 2, 1937

22. I HEREBY CERTIFY, That I attended deceased from 3-12-1935, to 7-2-1937

I last saw him alive on 7-2-1937 Death is said to have occurred on the date stated above, at 4:45 am

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

Cancer of liver

Date of onset

Other contributory causes of importance:

Asthma (allergic)  
Chronic myocarditis.

Name of operation None Date of None  
What test confirmed diagnosis? Clinical Was there an autopsy? N.P.

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) Frank Labaree, M. D.

Dexter, Mo.

N. B.—Every item of information should be carefully classified. 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.

