

AUG - 5 1937

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

Do not use this space.

1. PLACE OF DEATH

County.....

Registration District No. 791

Township.....

Primary Registration District No. 1003

City St. Louis

(No. City Hospital No. 1)

File No. 25333

Registered No. 6507

C. 3412

2. FULL NAME

Clara Stevenson

(a) Residence, No. 2215 Park St. 22 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 female	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 Leonard Stevenson		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 19, 1887		
7. AGE YEARS 54	MONTHS 8	DAYS 15
8. Trade, profession, or particular kind of work done, as planer, sawyer, bookkeeper, etc. hwk		IF LESS than 1 day, hrs. or min.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home		11. Total time (years) spent in this occupation
10. Date deceased last worked at this occupation (month and year)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri SULLIVAN		
13. NAME Wm S Thurmond		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) SULLIVAN, MO.		
15. MAIDEN NAME MARY E. SIMONS		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) FRANKLIN COUNTY MO		

17. INFORMANT Hosp. Info M. Kent (ADDRESS)
18. BURIAL, CREMATION, OR REMOVAL PLACE SULLIVAN MO DATE July 7th 1937
19. UNDERTAKER Albert H. Hooper (ADDRESS) 429 N. 5th St.
20. FILE NO. 61937 J. H. Bredeck Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/3/37	19
22. I HEREBY CERTIFY, That I attended deceased from 6:9/37 19 to 7/3/37 19	
I last saw her live on 7/3/37 19 Death is said to have occurred on the date stated above, at 10:50 p.m.	
The principal cause of death and related causes of importance were as follows: Chronic cholecystitis - with stones Fecal Fistula -	
Other contributory causes of importance: 126	
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	Nature of injury
24. Was disease or injury in any way related to occupation of deceased?	
If so, specify	
(Signed) J. M. Lee	M. D.
(Address) City Hospital No. 1	

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.

1000

1000

1000

1000