

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.

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

Do not use this space.

AUG - 5 1937

1. PLACE OF DEATH

County.....
Township.....
City St. Louis, Mo.

Registration District No. 791
Primary Registration District No. 1003

File No. 25335
Registered No. 6509
Ward

2. FULL NAME Leo Stevenson

(a) Residence, No. Des Arc, Mo., Iron County, Mo. NR Ward. Des Arc, Mo.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred Never mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/4/37, 19

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

22. I HEREBY CERTIFY, That I attended deceased from 6/28/37, 19, to 7/4/37, 19

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3/31/36

I last saw him alive on 7/4/37, 19. Death is said

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
1 3 4

to have occurred on the date stated above, at 10:15pm.
The principal cause of death and related causes of importance were as follows:

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Child
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

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

Acute Bacillary Dysentery
12W
Other contributory causes of importance:
Anhydremia
Bilateral Otitis media

12. BIRTHPLACE (CITY OR TOWN) Des Arc, Mo. (STATE OR COUNTRY)

Name of operation..... Date of.....
What test confirmed diagnosis? Autopsy Was there an autopsy? yes

13. NAME Sherman Stevenson

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

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 19

15. MAIDEN NAME ZKora Morris

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

Where did injury occur?..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT G. Schroeder (ADDRESS) 500 So. Kingshighway

Manner of injury.....
Nature of injury..... 1

18. BURIAL, CREMATION, OR REMOVAL PLACE Des Arc, Mo. DATE 7-7 1937

19. UNDERTAKER asw slippy (ADDRESS) 129 No. Euclid St

24. Was disease or injury in any way related to occupation of deceased?.....
If so, specify.....

20. FILED 6 1937 J. Predeck Registrar.

(Signed) Ralph N. Barlow, M. D.
(Address) 1500 S. Kingshighway

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