

SEP 21 1937

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

Do not use this space.

23796

1. PLACE OF DEATH

County Jackson
Township 2nd
City St. Mo. (No. General Hosp. 7th St.)

Registration District No. 399
Primary Registration District No. 1002

File No. 3120
Registered No. 3rd (Ward)

2. FULL NAME

(a) Residence, No. 1120 Woodland 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.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7-31-1937

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

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.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation
Infant
Woods Barn

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Mo.

13. NAME Willard Stevenson

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

15. MAIDEN NAME Louise Ross

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

17. INFORMANT (ADDRESS) Record Clerk

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Mo. DATE Aug. 18, 1937

19. UNDERTAKER (ADDRESS) West Appleton Home, Inc., 1905 Chestnut

20. FILED Aug. 17, 1937 M. M. Crowe, Reg.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-1, 1937

22. I HEREBY CERTIFY, That I attended deceased from 7-31, 1937 to 8-1, 1937

I last saw him alive on 8-1, 1937 Death is said to have occurred on the date stated above, at 8:10 A. M.

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

Asphyxiation
(due to heat)

Other contributory causes of importance:

Name of operation 191
What test confirmed diagnosis? Clinical 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) [Signature] M. D. (Address) General Hosp. 7th

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.

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