

SEP 15 1937

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

Do not use this space.

1. PLACE OF DEATH

County

Buchanan

Registration District No.

35

Township

St. Joseph

Primary Registration District No.

1001

City

(No.

St. Joseph Hosptl.

30188

File No.

Registered No.

915

St.

Ward)

2. FULL NAME

(a) Residence, No.

(Usual place of abode)

Frances Melvina Stephenson

St.

Ward.

Oregon, Missions

(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)

Widowed

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

George Stephenson

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

February 14, 1860

7. AGE

YEARS
77MONTHS
6DAYS
7

IF LESS than 1 day, hrs. or min.

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

at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

S

10. Date deceased last worked at this occupation (month and year)

July 1937

11. Total time (years) spent in this occupation

60

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

Illinois

13. NAME

L. N. Howard

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

Illinois

15. MAIDEN NAME

Sarah Stead

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

England

17. INFORMANT (ADDRESS)

B. K. Howard Oregon, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Oregon, Mo. DATE Aug 23 1937

19. UNDERTAKER (ADDRESS)

Ch. Pettigrew Oregon, Mo.

20. FILED

Aug 23 1937

A. J. Stealobach Registrar

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Aug 5, 1937, to Aug 5, 1937

I last saw him alive on Aug 5, 1937. Death is said

to have occurred on the date stated above, at 9 a.m.

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

Cancer of Stomach Date of onset 1937

46

Other contributory causes of importance:

Arterio Sclerosis (veins)

Name of operation none Date of operation none
What test confirmed diagnosis? none Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? No Date of injury none, 19

Where did injury occur? none (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.Manner of injury none
Nature of injury none24. Was disease or injury in any way related to occupation of deceased? No
If so, specify.

(Signed) H. C. Clark, M. D.

(Address) 307 Post Bldg

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.

