

SEP 20 1937

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

Do not use this space.

31124

1. PLACE OF DEATH

County Linn Registration District No. 502
Township Marceline Primary Registration District No. 4305
City Marceline Robert Ezra Stephens (Name) Robert Ezra Stephens (Address) Robert Ezra Stephens (Occupation) Robert Ezra Stephens (Ward)

2. FULL NAME

(a) Residence, No. Marceline Mo. St. _____ Ward. _____
(Usual place of abode)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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 Alice Stephens

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 27, 1873

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
64 7 6

OCCUPATION 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. Farmer
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Guthridge Mill
(STATE OR COUNTRY) Mo.

13. NAME James W. Stephens

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

15. MAIDEN NAME Margret Cavanath

16. BIRTHPLACE (CITY OR TOWN) Chariton Co.
(STATE OR COUNTRY) mo

17. INFORMANT Curtiss Stephens
(ADDRESS) Kansas City Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Corinth Ceme. DATE Aug 5, 1937

19. UNDERTAKER J. D. Rusk
(ADDRESS) Marceline Mo

20. FILED 875 1937 Clive Barrett
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 3, 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 1, 1937, to Aug 3, 1937

I last saw well alive on Aug 2, 1937, Death is said to have occurred on the date stated above, at 6 A m.

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

Date of onset

Angina pectoris

940

Other contributory causes of importance: Coronary thrombosis

Name of operation _____ Date of _____

What test confirmed diagnosis? elic 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 1

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) P. J. Patrick M. D.

(Address) Marceline Mo

Every return 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.

