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.

OCT 19 1937

2

1. PLACE OF DEATH.
County Jackson
Township Kaw
City Kansas City
Registration District No. 399
Primary Registration District No. 1002
(No. 2100 Manchester St. Ward)
File No. 33381
Registered No. [illegible]

2. FULL NAME Edward Lawrence Stevens
(a) Residence, No. 1016 Romany Road St., 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: Male
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 Martha Haffenreffer Stevens

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 19, 1894

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
43	8	2	

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

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

FATHER
13. NAME Horace H. Stevens
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Brooklyn New York

MOTHER
15. MAIDEN NAME Edith Sawyer
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Massachusetts

17. INFORMANT (ADDRESS) U. H. Hatch 2100 Manchester, Kansas City, Mo.

18. ~~BURIAL, CREMATION, OR~~ REMOVAL
PLACE Tulsa, Oklahoma DATE 9/22 1937

19. UNDERTAKER (ADDRESS) Stine & McClure 3235 Gillham Plaza

20. FILED Sept 22 1937 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Coroner, 19 to , 19
I last saw h alive on , 19 Death is said to have occurred on the date stated above, at P. m. 12:15
The principal cause of death and related causes of importance were as follows:
Coronary thrombosis
Date of onset

Other contributory causes of importance: 94B

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) [signature], M. D.
(Address) [signature]