

OCT 18 1937

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

Do not use this space.

33898

1. PLACE OF DEATH

County Carter
Township Carter
City Van Buren (No. 2)

Registration District No. 143
Primary Registration District No. 5205

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME Bedge Steward

(a) Residence, No. _____ 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

MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 18, 19375A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ida Ray22. I HEREBY CERTIFY, That I attended deceased from 7-15, 1937, to 9-18, 19376. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 21, 1881I last saw him alive on 9-17, 1937 Death is said

7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hrs. ormin.
56 7 27

to have occurred on the date stated above, at 3 1/2 m.

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. Electrician

Date of onset

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

Chronic Valvular Heart Disease1-1-37

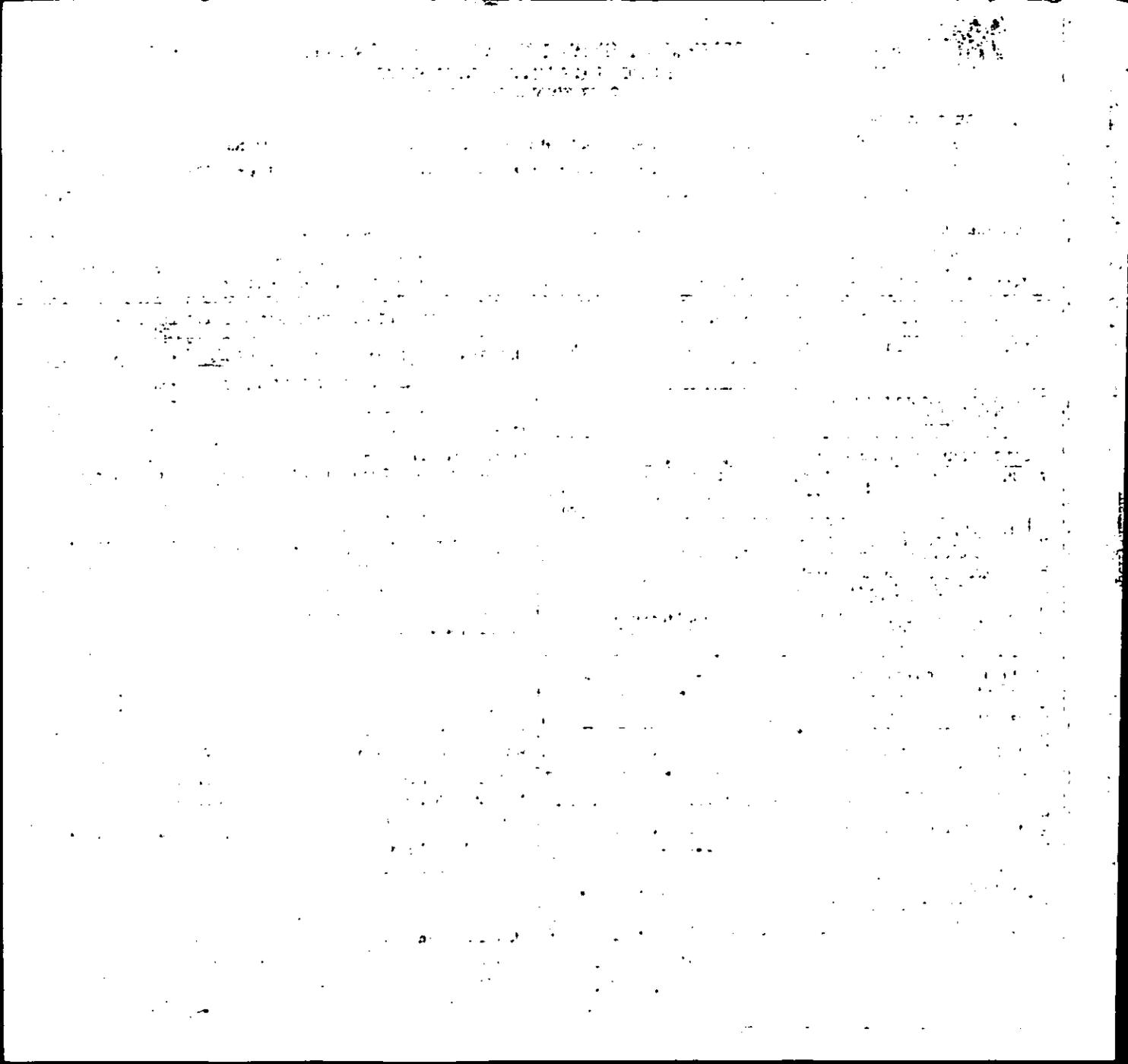
10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

Other contributory causes of importance:

Strenuous Manual Labor12. BIRTHPLACE (CITY OR TOWN) Lewisburg, Tenn.
(STATE OR COUNTRY)13. NAME Albert M. Steward14. BIRTHPLACE (CITY OR TOWN) Lewisburg, Tenn.
(STATE OR COUNTRY)15. MAIDEN NAME Susan Elizabeth16. BIRTHPLACE (CITY OR TOWN) Lewisburg, Tenn.
(STATE OR COUNTRY)17. INFORMANT Bill Ray
(ADDRESS) Van Buren, Mo.18. BURIAL, CREMATION, OR REMOVAL
PLACE Van Buren, Mo. DATE Sept. 19, 193719. UNDERTAKER Croy Funeral Service
(ADDRESS) Van Buren, Mo.20. FILED 9/20, 1937 J. W. Cotton RegistrarName of operation _____ Date of _____
What test confirmed diagnosis? clinical Was there an autopsy? no23. 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? noIf so, specify _____
(Signed) Wm. H. Barton, M. D.
(Address) Van Buren, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.



FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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Do not use this space.

1. PLACE OF DEATH

(a) County Carter Registration District No. 143
(b) Township Carter Primary Registration District No. 320 Registered No. _____
(c) City _____ (d) Street No. _____ St. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Budge Steward

(a) Residence, No. _____ St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) M

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
56 7 27

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

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

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)

FATHER 13. NAME

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

MOTHER 15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE _____ DATE _____ 19____

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED 9/20 19 37 J. W. Cotter Local Registrar
By. m. w.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 18 1937

22. I HEREBY CERTIFY, That I attended deceased from _____ 19____ to _____ 19____

I last saw h. _____ alive on _____, 19____. Death is said

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

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

Date of onset

Other contributory causes of importance:

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) Wm H Burton, M. D.

(Address) Wm H Burton md

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