

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.

JAN 17 1938

1. PLACE OF DEATH

21 County Chariton Registration District No. 169
Township Bowling Green Primary Registration District No. 5236
City Walter (No.) St. Ward) 44

File No. 45041
Registered No. 44

2. FULL NAME Charles C. Stevens

(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

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 Mary Stevens
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12-12-1888
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
50 0 16

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. owned and operated
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. grange
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation. 16 9

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

FATHER
13. NAME Phil Stevens

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

MOTHER
15. MAIDEN NAME Bliss Warren

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

17. INFORMANT Mary Stevens
(ADDRESS) Walter miss

18. BURIAL, CREMATION, OR REMOVAL
PLACE Walter mo DATE Dec. 31 1937

19. UNDERTAKER Hyde + Garout
(ADDRESS) Kentwood, Mo.

20. FILED Dec. 26, 1937 Harry E. Tatum
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 28, 1937

22. I HEREBY CERTIFY, That I attended deceased from August, 1936 to Dec. 28, 1937
I last saw him alive on Dec. 27, 1937 Death is said to have occurred on the date stated above, at 8:45 A. m.
The principal cause of death and related causes of importance were as follows:

Hepatic Cirrhosis Date of onset 79 36
12451
Other contributory causes of importance: Hepatitis and cholecystitis mar 1936

Name of operation none Date of
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) Ch. W. Tatum, M. D.
(Address) Kentwood, Mo.

