

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

Do not use this space.

3030

**1. PLACE OF DEATH**

48 County Jackson Registration District No. 400  
 Township Prairie Primary Registration District No. 555310  
 City Jackson Co. Emory (No. \_\_\_\_\_) St. \_\_\_\_\_ (Ward \_\_\_\_\_)

**2. FULL NAME**

Rosazelle Stewart 363  
 (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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Infant

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 12 1938

7. AGE YEARS MONTHS DAYS If LESS than 1 day, 1 hrs. or 25 min. 1 1 1 1 25

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

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

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) Jackson Co Emory Hospital

13. NAME Clinton Stewart

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

15. MAIDEN NAME Mercedes Wilson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas City Missouri

17. INFORMANT James Wilson  
 (ADDRESS) 2620 Sterling Lodge Ln

18. BURIAL, CREMATION, OR REMOVAL PLACE JACKSON Co Hosp DATE 1-12 1938

19. UNDERTAKER Jackson County Hospital  
 (ADDRESS) Littlefield Bldg.

20. FILED Feb 7 1938 William Fields  
 Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 12 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 12, 1938, to Jan 12, 1938.  
 I last saw her alive on Jan 12, 1938. Death is said to have occurred on the date stated above, at 4:50 A.M.  
 The principal cause of death and related causes of importance were as follows:

PREMATURITY 7 mos Date of onset \_\_\_\_\_

MULTIPLE PREGNANCY

Other contributory causes of importance: 159

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) W. J. [Signature] M. D.  
 (Address) [Address]

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

RECEIVED

FEB 25 1938

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