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.

3812

1. PLACE OF DEATH
85 County Pulaski — Registration District No. 711 — File No. 27
Township Union — Primary Registration District No. 5940 — Registered No. 27
City ..... (No. ..... St. ..... Ward)

2. FULL NAME William Elliot 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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Divorced
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Susan Stewart
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 4/5-1865
7. AGE: YEARS 72 — MONTHS 9 — DAYS 8 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer
9. Industry or business in which work was done, as silk mill, 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): Missouri
FATHER
13. NAME: Thomas Stewart
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ohio
MOTHER
15. MAIDEN NAME: Mary Brooks
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ga.
17. INFORMANT (ADDRESS): Ralph Stewart, Dixon Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE: Dixon — DATE: Jan 15 1938
19. UNDERTAKER (ADDRESS): Fred H. Gilbert, Dixon Mo
20. FILED 1/18 1938 A S Lick Registrar. 639

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 1/13 - 1938
22. I HEREBY CERTIFY, That I attended deceased from Jan 5 - 1938, to Jan - 13 - 1938
I last saw him alive on Jan. 9 - 1938. Death is said to have occurred on the date stated above, at 7 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Dilitation	
120	
Other contributory causes of importance: Hypertension	

Name of operation ..... Date of .....
What test confirmed diagnosis? Exam 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) A J Crider, M. D.
(Address) Dixon Mo

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FEB 28 1938
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MO. STATE BOARD OF HEALTH