

REC'D MAR 14 1938

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

Do not use this space.

5974

1. PLACE OF DEATH

County Barton
Township Union
City Sheldon (No. 915)Registration District No. 1017
Primary Registration District No. 5060File No. 2
Registered No. 2
St. Ward

2. FULL NAME

Elizabeth ANN Stevens(a) Residence, No. Sheldon Mo R St. Ward. Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (<i>writes the word</i>) <u>married</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Dave Stevens</u>			
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>1859 May 15</u>			
7. AGE	YEARS <u>78</u>	MONTHS <u>9</u>	DAYS <u>12</u>
			If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>House wife</u>		
	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) <u>Mo.</u>			
FATHER	13. NAME <u>Harve Hublin</u>		
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>		
MOTHER	15. MAIDEN NAME <u>Nancy Lawrence</u>		
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>		
17. INFORMANT (ADDRESS) <u>Walter Stevens</u>			
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Sheldon Mo</u> DATE <u>Feb 28</u> 19 <u>38</u>			
19. UNDERTAKER (ADDRESS) <u>Walter Stevens</u>			
20. FILED <u>March 3 1938</u> <u>Martin Mueller</u> Registrar.			

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>Feb. 27</u> 19 <u>38</u>
22. I HEREBY CERTIFY, That I attended deceased from <u>1934</u> to <u>Feb. 27</u> 19 <u>38</u> I last saw her alive on <u>Feb. 26</u> 19 <u>38</u> . Death is said to have occurred on the date stated above, at <u>4 A.</u> m. The principal cause of death and related causes of importance were as follows: <u>Left Cerebral Hemorrhage</u> <u>Right Hemiplegia</u> Other contributory causes of importance: <u>8261</u> <u>Sores</u>
Date of onset <u>2-25-38</u>
Name of operation <u> </u> Date of <u> </u>
What test confirmed diagnosis? <u>Chinul</u> Was there an autopsy? <u>no</u>
23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? <u> </u> Date of injury <u> </u> , 19 <u> </u> Where did injury occur? <u> </u> (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.
Manner of injury <u> </u>
Nature of injury <u> </u>
24. Was disease or injury in any way related to occupation of deceased? <u>no</u> If so, specify <u> </u> (Signed) <u>O. L. Keithly</u> M. D. 49 (Address) <u> </u>

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.

