

REC'D MAR 23 1938

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

Do not use this space.

1. PLACE OF DEATH

County Ralls.
Township Saltriver.
City _____ (No. _____, St. _____ Ward)

2

Registration District No. 727.
Primary Registration District No. 5959

File No. 7900
Registered No. _____

2. FULL NAME Thomas P. Stephens. 315

(a) Residence, No. Perry, Mo. St. _____ Ward. _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

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 Lauvela Burnett Stephens

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July, 19, 1852

7. AGE YEARS 85 MONTHS 9 DAYS 16 If LESS than 1 day, _____ hrs. or _____ min.

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. Farm.
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) Perry Missouri. 0

13. NAME Samuel Stephens. 1

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky. 0

15. MAIDEN NAME Emley Utterback.

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

17. INFORMANT Lauvela Burnett Stephens (ADDRESS) Perry, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Family Cemetery DATE March, 6, 1938

19. UNDERTAKER Clyde E. Wilbey. (ADDRESS) Perry, Mo.

20. FILED 3/8 19 38 Clyde E. Wilbey Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 5, 1938

22. I HEREBY CERTIFY, That I attended deceased from Mar 5-27, 1938, to Mar 5-38, 1938.
I last saw him alive on Mar. 5, 1938. Death is said to have occurred on the date stated above, at 9:45 m.
The principal cause of death and related causes of importance were as follows:

Practitioner Date of onset 2-27-38

Other contributory causes of importance: Cerebral Hemorrhage 5-26-36 8-6-36

Name of operation _____ Date of _____
What test confirmed diagnosis? Physician 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) John Brown M. D.
Perry, Mo. (Address)

