WHITE 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.

MAR 23 1938

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

Do not use this space.

7958

1. PLACE OF DEATH
County Ray 2 1 Registration District No. 7dd File No.
Township Richmond Primary Registration District No. 3035 Registered No. 118
City Richmond (No. , St. Ward)

2. FULL NAME IRVIN LEROY STEVENS 215
(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: M
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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 5, 1935

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
2	2	7	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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) Orrick, Mo.

FATHER
13. NAME William Henry Stevens
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kans. City, Kans.

MOTHER
15. MAIDEN NAME Okel Ishmael
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Richmond.

17. INFORMANT (ADDRESS) William H. Stevens

18. BURIAL, CREMATION, OR REMOVAL
PLACE Richmond DATE Feb. 13 1938

19. UNDERTAKER (ADDRESS) Brothers-Joiner Richmond, Mo.

20. FILED 3/10 1938 Mary B. McDonald Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That, I attended deceased from Feb. 12, 1938, to , 19
I last saw him alive on , 19 Death is said to have occurred on the date stated above, at 4:20 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pertussis —	not known
Broncho Pneumonia	

Other contributory causes of importance: 9

Name of operation Clinical History Date of
What test confirmed diagnosis? 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) J. G. W. Gaines, M. D.
(Address) Richmond, Mo. Coroner