

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

11551
Do not use this space.

REC'D APR 6 1938

1. PLACE OF DEATH

(a) County Montgomery Registration District No. 592
 (b) Township Montgomery Primary Registration District No. 5790
 (c) City Montgomery City Mo (d) Street No. _____ St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. 3 mos. 0 ds. (f) How long in U. S., if of foreign birth? yrs. 0 mos. 0 ds.

2. PRINT FULL NAME Eugenia A. Stevens 315

(a) Residence, No. Near Montgomery City Mo St.
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF W.J. Stevens

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 3 rd 1870

7. AGE YEARS 67 MONTHS 3 DAYS 16 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Home
 9. Industry or business in which work was done, as 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) Near Shamrock (STATE OR COUNTRY) Missouri

13. NAME Thomas Walker

14. BIRTHPLACE (CITY OR TOWN) Un Known (STATE OR COUNTRY) Un Known

15. MAIDEN NAME Un Known

16. BIRTHPLACE (CITY OR TOWN) Un Known (STATE OR COUNTRY)

INFORMANT (ADDRESS) Walker Stevens
Montgomery City Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Wellsville Cem DATE 3/21/38

19. FUNERAL DIRECTOR (NAME) C.W. Hopkins (ADDRESS) Montgomery City Mo

20. FILED March 20, 1938 Buell Menefee Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/19/38, 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb. 16, 1938, to March 19, 1938

I last saw her alive on March 15, 1938 Death is said to have occurred on the date stated above, at 4:am m.

The principal cause of death and related causes of importance were as follows:

1. Carcinoma of stomach	Date of onset
2. Carcinoma of bowels	6 mo.
	6 mo.

Other contributory causes of importance: 4 to 6

Name of operation _____ Date of _____
 What test confirmed diagnosis? X-Ray 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 Buell Menefee M.D.
 (Signed) Buell Menefee, M. D.
 (Address) Montgomery City, Mo.

