

REC'D APR 23 1938

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

Do not use this space.

1. PLACE OF DEATHCounty VernonRegistration District No. 875File No. 12366

Township

Primary Registration District No. 3039Registered No. 89City Nevada

(No. _____)

St. _____

Ward _____

2. FULL NAME Harry R. Stevens(a) Residence, No. 327 W. Arch

St. _____

Ward _____

(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)**Married**5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF**Sallie Stevens**6. DATE OF BIRTH (MONTH, DAY, AND YEAR)**10-22-1858**7. AGE**

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

7955

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.Retired**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)**St. Louis, Mo

MOTHER

13. NAMEWilliam St.**14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)**England**15. MAIDEN NAME**Unknown**16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)**England**17. INFORMANT (ADDRESS)**Sallie Stevens Nevada, Mo**18. BURIAL, CREMATION, OR REMOVAL**PLACE North B. Park, DATE Mar 29, 1938**19. UNDERTAKER (ADDRESS)**Eichinger Funeral Home Nevada, Mo**20. FILED**3/30 1938 Allen & Hays Registrar**MEDICAL CERTIFICATE OF DEATH****21. DATE OF DEATH (MONTH, DAY, AND YEAR)** Mar. 27, 1938**22. I HEREBY CERTIFY, That I attended deceased from**1936 to Mar. 27, 1938I last saw him alive on Mar. 27, 1938 Death is saidto have occurred on the date stated above, at 8:30 A.M.

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

Cerebral hemorrhage Date of onset 3-27-38Other contributory causes of importance: None

Name of operation _____

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) CR King

M. D.

795 (Address) Nevada, Mo.

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.

