REC'D MAY 6 1938

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

15342
Do not use this space.

1. PLACE OF DEATH
(a) County MONTGOMERY
(b) Township MONTGOMERY
(c) City MONTGOMERY
Registration District No. 592
Primary Registration District No. 4350
Registered No. 15
(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 47 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Neal Stevenson 315
(a) Residence, No. 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: MALE
4. COLOR OR RACE: COLORED
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): MARRIED
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) ~~WIFE OF~~ GEORGIA STEPHENSON
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) DEC 13 1890
7. AGE: YEARS 47 | MONTHS 4 | DAYS 10 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. PORTER
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) About 1 YR
11. Total time (years) spent in this occupation 35

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MONTGOMERY City MISSOURI

FATHER
13. NAME TOM STEPHENSON
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MONTGOMERY City MISSOURI

MOTHER
15. MAIDEN NAME MARSHE STEPHENSON
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MONTGOMERY City MISSOURI

17. INFORMANT GEORGIA STEPHENSON
(ADDRESS) Montgomery City Mo
18. BURIAL, ~~CREMATION, OR REMOVAL~~
PLACE MONTGOMERY CEMETERY DATE APR 26 1938
19. FUNERAL DIRECTOR (NAME) J. A. MARLOW
(ADDRESS) MONTGOMERY CITY MISSOURI
20. FILED April 25 1937 Buell Menefee
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 23, 1938
22. I HEREBY CERTIFY, That I attended deceased from August 16, 1938 to April 23, 1938
I last saw him alive on April 23, 1938 Death is said to have occurred on the date stated above, at 6.30 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Myocarditis	
2. Gastroptosis	
3.	
4.	

Other contributory causes of importance:

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 .....
(Signed) Buell Menefee, M. D.
(Address) Montgomery City, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ...

Joseph A Marlar, or by .....

Registered Apprentice No....., working under my personal supervision.

Signed Joseph A Marlar

Licensed Embalmer No. 3658

P. O. Address Montgomery City

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.