

REC'D JUL 17 1938

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

Do not use this space.

21543

1. PLACE OF DEATH

County Carroll
Township Summit
City Northgate (No. _____)

Registration District No. 138
Primary Registration District No. 4028

File No. _____
Registered No. 90
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ 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 <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec 9, 1861</u>		
7. AGE YEARS <u>76</u>	MONTHS <u>5</u>	DAYS <u>25</u>
		If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired</u>
	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 <u>0</u>

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lynchington Co, Ky13. NAME Clayal Stephens14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky15. MAIDEN NAME Elizabeth Burston16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky17. INFORMANT (ADDRESS) B. E. Stephens18. BURIAL, CREMATION, OR REMOVAL PLACE Philadelphia DATE June 6, 193819. UNDERTAKER (ADDRESS) Carroll20. FILED June 5, 1938 B. E. Cole Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 4th, 193822. I HEREBY CERTIFY, That I attended deceased from 1-3-, 1938, to June 4th, 1938I last saw him alive on 6-4, 1938. Death is said to have occurred on the date stated above, at 11 A. m.

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

Cerebral apoplexy Date of onset 6-4-38Other contributory causes of importance: arteriosclerosis 1-3-38

Name of operation _____ Date of _____

What test confirmed diagnosis? Biopsy Was there an autopsy? Y

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? YIf so, specify _____ (Signed) B. E. Cole, M. D.(Address) Northgate138

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.

