

REC'D AUG 24 1938

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

25079
Do not use this space.

1. PLACE OF DEATH

(a) County Clay Registration District No. 201
 (b) Township Liberty Primary Registration District No. 5280 Registered No. 60
 (c) City Liberty (d) Street No. 3012 St.
 (e) Length of residence in (a) or town where death occurred 60 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 11. Balladon St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>Negro</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR WIFE OF) <u>Angie Stewart</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Mar. 8-1878</u>		
7. AGE YEARS <u>60</u>	MONTHS <u>4</u>	DAYS <u>4</u>
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>General</u>		
9. Industry or business in which work was done, as saw mill, bank, etc. <u>Lumber</u>		
10. Date deceased last worked at this occupation (month and year) <u>5 mo ago</u>		11. Total time (years) spent in this occupation <u>45</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Liberty, Mo.</u>		
13. NAME <u>Frank Stewart</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>		
15. MAIDEN NAME <u>Maggie Wilson</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>		
17. INFORMANT (ADDRESS) <u>Maggie Stewart Liberty, Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Liberty, Mo</u> DATE <u>Jan 14 38</u>		
19. FUNERAL DIRECTOR (ADDRESS) <u>Church, Luther Co Liberty, Mo</u>		
20. FILED <u>14</u> 19 <u>38</u> <u>E T Brant</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY That I attended deceased from March 1 1938, to July 12 1938

I last saw him alive on July 10 1938 Death is said to have occurred on the date stated above, at 7:35 A.M.

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

Date of onset 6 mo disc

Other contributory causes of importance:
51c

Name of operation Prostatic resection Date of May 1938

What test confirmed diagnosis Microscopic Was there an autopsy? Yes

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? _____
 If so, specify _____ (Signed) W. A. Goodson, M. D.
 (Address) Liberty, 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.

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

.....L. E.....

No.....or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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