

REC'D OCT 25 1938

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

32820

Do not use this space.

1. PLACE OF DEATH

(a) County Monroe Registration District No. 580
 (b) Township Union Primary Registration District No. 1580 Registered No. _____
 (c) City Moberly (d) Street No. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Alby Stephens

(a) Residence, No. Mable Grove Ln St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 Phares Stephens

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 2nd, 1881

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
56 11 24

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At 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) (STATE OR COUNTRY) Mo.13. NAME E.W. Victor14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.15. MAIDEN NAME Lena Engle16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.17. INFORMANT Phares Stephens
(ADDRESS) R.F.D. Madison18. BURIAL, CREMATION, OR REMOVAL
PLACE Moberly, Mo. DATE Sept. 27th, 193819. FUNERAL DIRECTOR (NAME) Mahan and Son
(ADDRESS) Moberly, Mo.20. FILED Sept 28, 1938 Moberly, Mo. Local Registrar. 51

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 26, 193822. I HEREBY CERTIFY, That I attended deceased from July 8, 1938, to Sept. 26, 1938I last saw her... alive on Sept. 26, 1938 Death is saidto have occurred on the date stated above, at 12:20m. A. M.

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

Generalized Pulmonary Carcinosis Date of onset unknown

Other contributory causes of importance:

NoneName of operation None Date of _____What test confirmed diagnosis Biopsy 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) G. R. ... D.O. xxxx(Address) Madison, Missouri.

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.

RECEIVED

District Health Officer No. 10

District File Number 10-38-300

Date Filed 10-11-38

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

or by

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

Signed

Frank D. DeWitt

Licensed Embalmer No.

3021

P.O. Address

G. Loberly, Inc.

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.)

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