

REC'D OCT 26 1938

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

33080
Do not use this space.

1. PLACE OF DEATH

(a) County Polk Registration District No. 701
(b) Township Marion 11 Primary Registration District No. 5936 Registered No. 37
(c) City Lunsugen (d) Street No. _____
(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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Thomas Jefferson Stewart 363

(a) Residence, No. _____ 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED, OF HUSBAND OF (OR) WIFE OF Charlotte Stewart

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 11, 1852

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
86 - - - -

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
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) Tennessee. 1

FATHER 13. NAME Joe Stewart
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee 1

MOTHER 15. MAIDEN NAME Sarah Jane Looney
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 4

17. INFORMANT John Stewart
(ADDRESS) Halfway, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Olive DATE Aug 29, 1938

19. FUNERAL DIRECTOR White-Erwin
(ADDRESS) Bolivar, Missouri

20. FILED 8-29-1938 J. R. Robert
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 27, 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug 24, 1938 to Aug 27, 1938
I last saw him alive on Aug 27, 1938. Death is said to have occurred on the date stated above, at 4:35 P.

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

Myocarditis and Hypostatic pneumonia following fall & chest injury at home

Name of operation 1060 Date of _____
What test confirmed diagnosis? Clinical Was there an autopsy? u

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury Aug 21, 1938
Where did injury occur? Home
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Fell over chair
Nature of injury rt. chest bruised badly

24. Was disease or injury in any way related to occupation of deceased?
If so, specify _____
(Signed) M. E. Lumbert

630 (Address) Bolivar, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS should state EXACTLY. PHYSICIANS should state EXACTLY. PHYSICIANS should state EXACTLY.

RECEIVED

District Health Officer No. 7,

District File Number 7-38-226

Date Filed 10-11-38

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 the above constitutes grounds for revocation of license.)