

REC'D NOV 17 1938

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

Do not use this space.

36498

## 1. PLACE OF DEATH

County Pettis Registration District No. 668  
 Township Sedalia Primary Registration District No. 3032  
 City Sedalia (No. \_\_\_\_\_) St. \_\_\_\_\_ (If nonresident, give city or town and State) Ward \_\_\_\_\_

2. FULL NAME 315 May Elizabeth Stevens

(a) Residence, No. 1214 E. 14 th. St. \_\_\_\_\_ Ward \_\_\_\_\_ (If nonresident, give city or town and State)  
 (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.

## 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 Henry Stevens

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 20 1888

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
50 4 4

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home wife  
 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 \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pettis Co. Mo.13. NAME Charles O. Bannon14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pettis Co. Mo.15. MAIDEN NAME Alice Johnson16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pettis Co. Mo.17. INFORMANT Henry Stevens  
(ADDRESS) 1214 E. 14 Sedalia Mo.18. BURIAL, CREMATION, OR REMOVAL  
PLACE Walnut Branch DATE 10-26-3819. UNDERTAKER P. F. Parker  
(ADDRESS) La Monte Mo.20. FILED Oct 25 1938 Jean Slack Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 24 193822. I HEREBY CERTIFY, That I attended deceased from Oct 1938, to Oct 24 1938I last saw her alive on Oct. 23 1938. Death is saidto have occurred on the date stated above, at 4:30 a.m.

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

Cerebral Haemorrhage (Right Hemisphere) Date of onset Oct 21 1938

Other contributory causes of importance: hypertensionName of operation none Date of noneWhat test confirmed diagnosis Chrom Was there an autopsy? Yes23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Yes Date of injury \_\_\_\_\_, 1938Where 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 \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify \_\_\_\_\_

(Signed) Chas. A. Merrill, M. D.(Address) Sedalia Mo.

RECEIVED  
District Health Officer No. 8,  
District File Number 11/8/38  
Date Filed