

REC'D DEC 15 1938

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

Do not use this space.

38505

1. PLACE OF DEATH

County Barry
Township Ash
City Washburn (No. _____ St. _____ Ward _____)

Registration District No. 37
Primary Registration District No. 6241

File No. _____
Registered No. _____

2. FULL NAME Gale Annette Stephens

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. 2 mos. 27 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 F 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June-30-1937

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
1 2 27

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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) Washburn, Mo.

13. NAME John Stephens

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Senate, Okla.

15. MAIDEN NAME Edith Futrell

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Glen Cove, Tex.

17. INFORMANT John Stephens (ADDRESS) Washburn Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Dent Cemetary DATE 9/28/1938

19. UNDERTAKER Bar & Blankenship (ADDRESS) Exeter Mo

20. FILED _____ 19 _____ Registrar. 900

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-27, 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept. 26, 1938, to Sept. 27, 1938
I last saw him alive on Sept. 26, 1938 Death is said to have occurred on the date stated above, at 4:30 p.m.

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

Enteritis
Acute Gastritis
Acute Bronchitis
Date of onset _____

Other contributory causes of importance: 119B

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

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) Wm. C. R. Brown
Sehigman Mo (Address) _____

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

MARGIN RESERVED FOR BINDING

50M-10-22-36 I X9314

1945

1946

1947

1948

1949

1950

1951

1952

1953

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

38505
Do not use this space.

1. PLACE OF DEATH
 (a) County Barry Registration District No. 37
 (b) Township ash Primary Registration District No. 6241 Registered No. _____
 (c) City _____ (d) Street No. _____ St. _____
 (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 Gale Annette Stephens
 (a) Residence, No. _____ St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED S.
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) _____
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
1 2 27

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____
 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 _____

FATHER
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Washburn Mo
 13. NAME John Stephen
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Senate Okla

MOTHER
 15. MAIDEN NAME Edith Fitzell
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cleo Tex

17. INFORMANT (ADDRESS) John Stephens Washburn Mo
 18. BURIAL, CREMATION, OR REMOVAL PLACE Deer Cemetery DATE 9/28 1938
 19. FUNERAL DIRECTOR (ADDRESS) Bar E. Blankenship Gates Mo
 20. FILED 11/23 1938 Cleo Edens Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-27 1938
 22. I HEREBY CERTIFY, That I attended deceased from Sept 26 to Sept 27 1938
 I last saw him alive on Sept 26 1938 Death is said to have occurred on the date stated above, at 5 P. m.
 The principal cause of death and related causes of importance were as follows:
enteritis
acute enteritis
acute Bronchitis
 Other contributory causes of importance: _____
 Name of operation none Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

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) Chas. R. Brown, M. D.
 (Address) Seligman Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.
 N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S SIGNATURE AND CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

