

REC'D FEB 25 1939

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

Do not use this space.

1. PLACE OF DEATH

75 County Oregon 2 Registration District No. 636
Township Pringle 1 Primary Registration District No. 5844
City (No. _____) St. _____ Ward _____

File No. 3339Registered No. 1

2. FULL NAME

Stellar M Stevens
(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)

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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 31 1903

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
35 7 4

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

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) Mineria

13. NAME Thomas S. Rutledge

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mineria

15. MAIDEN NAME Fazie Linko

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MO

17. INFORMANT Thomas Rutledge
(ADDRESS) Myrtle MO

18. BURIAL, CREMATION, OR REMOVAL PLACE Cattara Creek DATE Dec 27 1938

19. UNDERTAKER Etta C. Hankerson
(ADDRESS) 1/18

20. FILED 1/18 1939 Ernest Bailey
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 25 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug. 25 1938, to Dec. 25 1938.

I last saw him alive on Aug. 25 1938. Death is said to have occurred on the date stated above, at 6 a.m.

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

Septic fever. Date of onset _____

Other contributory causes of importance:

In my opinion
The food absorbed.

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) Stallion M. D.(Address) Atmore Co.

566

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.

