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.

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

REC'D FEB 25 1939

Do not use this space.

1. PLACE OF DEATH
County Pettis
Township
City Sedalia (No. 2 St. Ward)

Registration District No. 668
Primary Registration District No. 3632

File No. 3455
Registered No. 158

2. FULL NAME John Stewart
(a) Residence, No. 127 N Broadway 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.

363

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M
4. COLOR OR RACE Col
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 1, 1839.

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
99	1	9	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Janitor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. City School
10. Date deceased last worked at this occupation (month and year) 1931
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Willmington Del

FATHER
13. NAME dont no
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) dont no dont no

MOTHER
15. MAIDEN NAME dont no
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) dont no dont no

17. INFORMANT (ADDRESS) Marry Stewart Sedalia Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Sedalia Mo DATE Jan 14 1939

19. UNDERTAKER (ADDRESS) F. D. Ferguson Sedalia

20. FILED Jan 14 1939 Mrs Harry Sneed Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1 — 9 — 1939

22. I HEREBY CERTIFY, That I attended deceased from June 5, 1936, to 1 — 9 — 1939
I last saw h. 1M alive on 1 — 9 — 1939. Death is said to have occurred on the date stated above, at 4 A. m.
The principal cause of death and related causes of importance were as follows:

Date of onset

Aortic Insufficiency 92 Dr

Other contributory causes of importance:

"Dropsy"

Name of operation Date of
What test confirmed diagnosis? Clinical Obs. 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) A. R. Meddox, M. D.
(Address) 1165 W. Main

RECEIVED
District Health Officer No. 8,

District File Number

Date Filed 2/8/39