

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.

RECORDED FEB 27 1939

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

Do not use this space.

## 1. PLACE OF DEATH

County Salt Registration District No. 801 File No. 3994  
Township Salt Pond Primary Registration District No. 4480 Registered No. 32  
City Sweet Springs (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

## 2. FULL NAME

(a) Residence, No. 315 Annie R Stephens St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode) Daisy Ave (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred 19 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED, (write the word) <u>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>James H Stephens</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 17 1853</u>		
7. AGE	YEARS <u>85</u>	MONTHS <u>9</u>
	DAYS <u>14</u>	IF LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>House Wife</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>at Home</u>	
	10. Date deceased last worked at this occupation (month and year) <u>February 1939</u>	
	11. Total time (years) spent in this occupation. <u>Life</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Carrow Rock Missouri</u>		
FATHER	13. NAME <u>George W Fenwick</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Maysland</u>	
MOTHER	15. MAIDEN NAME <u>Julia Amherndor</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>	
17. INFORMANT (ADDRESS) <u>W. Stephens Sweet Springs</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Marshall Mo</u> DATE <u>February 3 1939</u>		
19. UNDERTAKER (ADDRESS) <u>Jesset Harvey Sweet Springs Mo</u>		
20. FILED <u>Feb 1939</u> <u>W. S. Schellinger</u> Registrar		

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jun. 31, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 21, 1939, to Jun 31, 1939.  
I last saw h. er alive on Jan 30, 1939. Death is said to have occurred on the date stated above, at 11:00P. m.  
The principal cause of death and related causes of importance were as follows:  
Chronic Myocarditis

Date of onset	<u>?</u>
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Other contributory causes of importance:  
Chronic Nephritis  
Arteriosclerosis  
Pulmonary Congestion

Date of onset	<u>?</u>
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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? NO  
If so, specify \_\_\_\_\_  
(Signed) Lesburn Collins, M. D.  
(Address) Sweet Springs Mo

Date Filed \_\_\_\_\_  
District File Number \_\_\_\_\_  
District Health Officer No. 8,

RECEIVED