

REC'D FEB 28 1939

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

4077

Do not use this space.

1. PLACE OF DEATH

(a) County Shelby Registration District No. 833
(b) Township Paylog Primary Registration District No. 6096 Registered No. _____
(c) City _____ (d) Street No. _____
(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

363 Mary Angelina Stewart
(a) Residence, No. Shelby Co. Ind St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

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 Andrew Stewart

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct-28-1866

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
72 2 18

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Shelby Co. Mo.

13. NAME Joseph M. Spencer

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

15. MAIDEN NAME Amanda Blanchard

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

17. INFORMANT Chester Stewart
(ADDRESS) Shelbyville, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE D. O. C. P. DATE Jan-17-1939

19. FUNERAL DIRECTOR E. P. Thompson
(ADDRESS) Shelbyville, Mo.

20. FILED Jan-16-1939 E. W. Keenan
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan-16-1939

22. I HEREBY CERTIFY That I attended deceased from Jan 12 1936, to Jan 16, 1939
I last saw him alive on Jan 15, 1939. Death is said to have occurred on the date stated above, at 2:20 P. m.
The principal cause of death and related causes of importance were as follows:

Coronary disease Date of onset 4/6/36
44 yrs

Other contributory causes of importance: Arteriosclerosis, Webility

Name of operation _____ Date of _____
What test confirmed diagnosis? Clinical 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) E. W. Keenan, M. D.

(Address) Shelbyville, Mo.

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.

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

.....L. E.

No.....or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

.....Licensed Embalmer No.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)