

REC'D MAR 9 1939

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

Do not use this space.

1. PLACE OF DEATH

County Crawford Registration District No. 234
Township Deer Hill Primary Registration District No. 6319
City Liberal (No. 31) St. _____ Ward _____

File No. 6340
Registered No. _____

2. FULL NAME

James E. 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, DIVORCED, HUSBAND OF (OR) WIFE OF Virginia Stevens
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 26 - 1885
7. AGE YEARS 85 MONTHS 11 DAYS 28 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. James
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) Montgomery City Mo.

MOTHER 13. NAME Hiram Stevens

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

15. MAIDEN NAME Unkuborn

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

17. INFORMANT Virginia Stevens (ADDRESS) Liberal Mo. R # 2

18. BURIAL, CREMATION, OR REMOVAL PLACE Liberal DATE 9-26-38

19. UNDERTAKER Elbert E. Long (ADDRESS) Bourbon Mo.

20. FILED Feb-14, 1938 Mrs. Lillian Rodgers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-24-38, 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 23 1938, to Sept 24 1938
I last saw him alive on Sept 24, 1938. Death is said to have occurred on the date stated above, at 9:30 a.m.
The principal cause of death and related causes of importance were as follows:
Acute Gastro Enteritis Date of onset Sept 23

Other contributory causes of importance:
Chronic Myocardial Degeneration 1937

Name of operation _____ Date of _____
What test confirmed diagnosis? Clinical Was there an autopsy? no

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) R. J. Leach, M.D. M. D.
Ortha Mo. (Address) _____

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.

James
C. [unclear]
1. [unclear]