

REG'D MAR 17 1939

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

Do not use this space.

7318

1. PLACE OF DEATH

County New Madrid
Township West
City (No.) (St.) (Ward)

Registration District No. 1133
Primary Registration District No. 5799A

File No.
Registered No. 3 (Ward)

2. FULL NAME

Mary Francis Stephens
(a) Residence, No. Casslon - Mo St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

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

7. AGE YEARS 5 MONTHS 7 DAYS 0 If LESS than 1 day, hrs. or min.

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

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 0

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Casslon Mo

FATHER 13. NAME Herchel Stephens

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Casslon Missouri

MOTHER 15. MAIDEN NAME Lillian Beatrice Drake

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Casslon Missouri

17. INFORMANT Grover F. Drake (ADDRESS) Casslon - Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Matthias Cemetery DATE 2-4-1939

19. UNDERTAKER G. F. Drake (ADDRESS) Casslon Mo

20. FILED Feb 4 1939 J. A. Best Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 2, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan - 30, 1939, to Feb - 2, 1939.
Last saw him alive on Feb - 2, 1939. Death is said to have occurred on the date stated above, at 4:58 am.

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

"Flu" Date of onset 1-24-39

Other contributory causes of importance: Lobar Pneumonia

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) J. A. Best M. D.

(Address) 540 Casslon - 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.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

FILL IN ANSWERS TO ALL SPACES CHECKED IN RED PENCIL.

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

7318 Do not use this space.

1. PLACE OF DEATH

(a) County New Madrid Registration District No. 1133 (b) Township West Primary Registration District No. 5799A (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 Mary Francis Stephens

(a) Residence, No. (Usual place of abode, if no street address, write county or city) St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) S

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 2 1939

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

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 2 1933

I last saw h. alive on , 19. Death is said to have occurred on the date stated above, at m.

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

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

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

Date of onset

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

Other contributory causes of importance:

13. NAME

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

Name of operation Date of

15. MAIDEN NAME

What test confirmed diagnosis? Was there an autopsy?

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

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury 19

17. INFORMANT (ADDRESS)

Where did injury occur? (Specify city or town, county, and State)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 19

Specify whether injury occurred in industry, in home, or in public place.

19. FUNERAL DIRECTOR (ADDRESS)

Manner of injury Nature of injury

20. FILED Feb 4 1939 Jas. D. Kahel Local Registrar

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) J. H. Best, M. D. (Address) Canalou

