

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.

RECD APR 17 1938

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

Do not use this space.

9637

1. PLACE OF DEATH

County Jackson
Township 7th Can
City K. C. Mo.

Registration District No. 399
Primary Registration District No. 1002

File No. 1243
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Jucy Stephens

General Hospital #2

(a) Residence, No. 8150 E 8th 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 <u>Female</u>	4. COLOR OR RACE <u>Colored</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Albert Stephens</u>			
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>1899 - April</u>			
7. AGE YEARS <u>39</u>	MONTHS <u>11</u>	DAYS <u>0</u>	If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Domestic</u>		11. Total time (years) spent in this occupation	
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)	

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

MOTHER FATHER 13. NAME
Unknown

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

MOTHER 15. MAIDEN NAME
Unknown

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

17. INFORMANT (ADDRESS)
Reynold Clark, 8150 E 8th

18. BURIAL, CREMATION, OR REMOVAL PLACE
Blue Ridge Cemetery, March 21, 1938

19. UNDERTAKER (ADDRESS)
B. L. Nishan, Funeral Home, 2208 Olive St.

20. FILED
March 21, 1938 M. M. Grome
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-18 1937

22. I HEREBY CERTIFY, That I attended deceased from 2-24 1937, to 3-18 1937

I last saw her alive on 3-18 1937 Death is said to have occurred on the date stated above, at 11:45 a. m.

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

Other contributory causes of importance:
Ruptured Rt. Tubo Ovarian Abscess

Name of operation _____ Date of _____
Amocoecystomy

What test confirmed diagnosis? _____ Was there an autopsy? yes

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

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. O. [Signature] M. D.

(Address) General Hospital #2

