

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

Do not use this space.

REC'D APR 13 1939

11034

1. PLACE OF DEATH  
County Jackson Registration District No. 398.  
Township Independence Primary Registration District No. 3019.  
City Independence (No. 315) Independence Sanitarium St. \_\_\_\_\_ Ward)

2. FULL NAME Mrs. Eunice V. Dorth Stevens  
(a) Residence, No. 1824 Norton Ave. St. \_\_\_\_\_ Ward. \_\_\_\_\_  
(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred 8 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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED  
~~HUSBAND OF~~ John C. Stevens  
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 1, 1917

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>21</u>	<u>8</u>	<u>14</u>	

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

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) Joplin (STATE OR COUNTRY) Mo.

13. NAME Ben Dorth

14. BIRTHPLACE (CITY OR TOWN) No Record (STATE OR COUNTRY) No Record

15. MAIDEN NAME May Campbell

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

17. INFORMANT John C. Stevens (ADDRESS) 1824 Norton Indep. Mo.

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Mt. Washington DATE Mar. 17, 1939

19. UNDERTAKER Henry W. Stahl. (ADDRESS) 815 W. Maple Ave. Indep. Mo.

20. FILED 3-21-39 F. L. Cooke Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 15, 1939, 19

22. I HEREBY CERTIFY, That I attended deceased from 3/5, 1939, to 3/14, 1939  
I last saw h. alive on 3/14/1939 Death is said to have occurred on the date stated above, at 3:20 A.M.  
The principal cause of death and related causes of importance were as follows:  
General Peritonitis Date of onset 2/25/39  
Septic abortion 2/25/39  
1140

Other contributory causes of importance:

Name of operation none Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ 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? \_\_\_\_\_  
If so, specify \_\_\_\_\_  
(Signed) Fred W. Stahl, M. D.  
Fairmount Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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