APR 7 1939

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

Do not use this space.

File No. 11351
Registered No. 26

1. PLACE OF DEATH
County: Lawrence
Township: Aurora
City: Aurora (No. Aurora Hospital St. Ward)
Registration District No. 467
Primary Registration District No. 4280

2. FULL NAME: Rosa Lee Stevens
(a) Residence, No. Crane, Mo., RR 2 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: F
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
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug. 16, 1920
7. AGE: Years 18 Months 7 Days 9 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None
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): Crane, Mo.

FATHER
13. NAME: Ed Stevens
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Elsey Mo.

MOTHER
15. MAIDEN NAME: Bertha Hagler
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Crane Mo.

17. INFORMANT: Mrs. Co. L. Hagler
(ADDRESS): Crane, Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE: Crane, Mo. DATE: Mar. 27, 1939
19. UNDERTAKER: J. H. Maples
(ADDRESS): Clever, Mo
20. FILED: Mar 25, 1939 R. D. Cowan M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): March 25, 1939
22. I HEREBY CERTIFY, That I attended deceased from Mar. 25, 1939, to Mar 25, 1939
I last saw her alive on Mar 25, 1939 Death is said to have occurred on the date stated above, at 10.45 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coma of Diabetes Mellitus	24 hrs

Other contributory causes of importance:

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? No 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. D. Cowan, M. D.
(Address) Aurora, 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.

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