

1930 JUN 14 1930

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

Do not use this space.

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1. PLACE OF DEATH  
County Buchanan Registration District No. 85  
Township Washington Primary Registration District No. 1001  
City St. Joseph (No. Missouri Methodist Assoc. No. ) St. Ward  
2. FULL NAME Mattie Elizabeth Stephenson  
(a) Residence, No. 901 Ridenbaugh St., (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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 10/15/1890

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
49 7 16

OCCUPATION  
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) (STATE OR COUNTRY) Filmore Missouri

FATHER  
13. NAME Lemuel Daniels  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Alabama

MOTHER  
15. MAIDEN NAME Lattie J. Pittman  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Filmore Missouri

17. INFORMANT F. C. Stephenson (ADDRESS) 901 Ridenbaugh  
18. BURIAL, CREMATION, OR REMOVAL PLACE Savannah Mo. DATE 6/2 1930  
19. UNDERTAKER I. I. Stingley (ADDRESS) 2120 Faron  
20. FILED June 3 1930 J. H. Nettlesbrook Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 3 1930

22. I HEREBY CERTIFY, That I attended deceased from May 27 1930, to May 31 1930  
I last saw her alive on May 31 1930 Death is said to have occurred on the date stated above, at 10:15 P.M.  
The principal cause of death and related causes of importance were as follows:  
Date of onset

Cerebral Thrombosis  
Hypertension

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? 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) Owen D. Craig, M. D.  
(Address) Kirkpatrick St. Joseph, 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.

J. H. Hingley

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