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

REC'D OCT 12 1939

Do not use this space.

1. PLACE OF DEATH
County Buchanan Co. Registration District No. 85 File No. 31889
Township Primary Registration District No. 1001 Registered No. 933
City St Joseph (No. Mo. Metho. Hospital St. Ward)

2. FULL NAME 315 William J Stevens (Stevens)
(a) Residence, No. St., Ward. Denver, Mo.
(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: male
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Delia Goodwin Stevens
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 1871 - Aug 4 -
7. AGE: YEARS 68 MONTHS 1 DAYS 7 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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) 9-9-39
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): North Missouri

FATHER
13. NAME: Peter Virden Stevens Stevens
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Iowa

MOTHER
15. MAIDEN NAME: Martha Jane Lowe Lowe
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Iowa

17. INFORMANT (ADDRESS): Virdin Stevens Denver Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Isabelle DATE 9-13 1939
19. UNDERTAKER (ADDRESS): John Brans Clarksdale Mo
20. FILED Sept 11 1939 H J Nestlebush Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 11, 1939
22. I HEREBY CERTIFY, That I attended deceased from Sept 9, 1939, to Sept 11, 1939
I last saw him alive on Sept. 11, 1939. Death is said to have occurred on the date stated above, at 6:50 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Tetanus	Sept 9
1815	
99	

Other contributory causes of importance:
Puncture wound rtght foot Aug. 26

Name of operation ..... 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 8-26, 1939
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) H. S. Conrad, M. D.
(Address) St Joseph Mo.