

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

Do not use this space.

2057

1. PLACE OF DEATH

County Clark Registration District No. 192
Township Grant Primary Registration District No. 5268
City (No. _____) _____ St. _____ Ward _____

File No. _____
Registered No. _____

2. FULL NAME

Dr. Irving Adne Stewart 31
(a) Residence, No. _____ 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 M. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) _____
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 30, 1940
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
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) Missouri
13. NAME Hugh A. Stewart
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jackson Co. Missouri
15. MAIDEN NAME Ruth A. Vessill
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Snyder Co. Missouri

17. INFORMANT (ADDRESS) Hugh A. Stewart Farmington Iowa
18. BURIAL, CREMATION, OR REMOVAL PLACE Union Cemetery DATE Jan 31, 1940

19. UNDERTAKER (ADDRESS) Fred J. Hales, Keokuk, Mo.
20. FILED Feb. 1940 J. M. S. Connell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 30, 1940
22. I HEREBY CERTIFY, That I attended deceased from Jan 30, 1940 to Jan 30, 1940
I last saw her alive on Jan 30, 1940 Death is said to have occurred on the date stated above, at 4 P.M.

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

Premature Birth Date of onset _____

Other contributory causes of importance: 154

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 _____, 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) J. A. Hays M. D.
(Address) Farmington, Ia.

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.

RECEIVED

District Health Officer No. 10

District File Number 2-40-372

Date Filed FEB 12 1940