MAR 16 1928

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

Do not use this space.

1. PLACE OF DEATH

County Atchinson — Registration District No. 20 — File No. 3928

Township Colfax — Primary Registration District No. 5028 — Registered No.

City ..... (No. ..... St. ..... Ward)

2. FULL NAME Robert Benton Stevens

(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: Male
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 Frankie Stevens

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May, 15th, 1863

7. AGE: Years 64 — Months 9 — Days 10 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) .....
(STATE OR COUNTRY) Ohio

PARENTS

10. NAME OF FATHER Robert B. Stevens
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Ohio
12. MAIDEN NAME OF MOTHER Elizabeth Barnett
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Penn.

14. INFORMANT J. S. Stevens
(Address) Tarkio, Missouri

15. FILED 2-26, 1928 — G. W. Lott, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 25 1928

17. I HEREBY CERTIFY, That I attended deceased from Feb 4, 1928, to Feb 25, 1928, that I last saw him alive on Feb 22, 1928, and that death occurred, on the date stated above, at 8 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pleurisy & Heart exhaustion
6
1108
(duration) ..... yrs. ..... mos. 4 ds.

CONTRIBUTORY (SECONDARY) Smallpox
(duration) ..... yrs. ..... mos. 24 ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? .....
0 DID AN OPERATION PRECEDE DEATH? no DATE OF .....
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) G. W. Lott, M. D
, 19 (Address) Westboro, Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: London Cemetery — DATE OF BURIAL: Feb, 28 1928

20. UNDERTAKER: Scott Tucker — ADDRESS: Westboro, MO

N. B.—The 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.

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH.
County Atchinson — Registration District No. 20 — File No.
Township Colfax — Primary Registration District No. 5028 — Registered No.
City (No. , St. Ward)

2. FULL NAME Robert Benton Stevens
(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) M.
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 15 - 1863.
7. AGE — YEARS 64 — MONTHS 9 — DAYS 10 — If LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
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9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio
PARENTS
10. NAME OF FATHER Robert B. Stevens
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Ohio
12. MAIDEN NAME OF MOTHER Elizabeth Barnett
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Penn.
14. INFORMANT J. S. Stevens (Address) Tarkio Mo.
15. FILED May 2 1928 Dr C. M. Waugh REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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Pleurisy and Heart Exhaustion
(duration) yrs. mos. 4 ds.
CONTRIBUTORY (SECONDARY) Small Pox
(duration) yrs. mos. 21 ds.
18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? No. DATE OF
WAS THERE AN AUTOPSY? No.
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) G. W. ~~White~~ Lott, M. D
, 19 (Address) Westboro Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL London Cemetery — DATE OF BURIAL Feb 28 1928
20. UNDERTAKER Scott Tucker — ADDRESS Westboro Mo.

SUPPLEMENTARY

6

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REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

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