JUN 1 1928

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

Do not use this space.

13836

1. PLACE OF DEATH
County LACLEDE — Registration District No. 449 — File No.
Township — Primary Registration District No. 4267 — Registered No. 1458
City LEBANON (No. ..... St. ..... Ward)

2. FULL NAME NELLIE J. STEVENS.
(a) Residence. No. ..... St., ... Ward. ..... (If nonresident give city or town and State)
(Usual place of abode)
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: B
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): MARRIED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: FRANK STEVENS.

6. DATE OF BIRTH (MONTH, DAY AND YEAR): May 16 not known

7. AGE: About 50 — YEARS — MONTHS — DAYS — If LESS than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN): LEBANON
(STATE OR COUNTRY): MO

PARENTS
10. NAME OF FATHER: PORTER JONES
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY): MISS
12. MAIDEN NAME OF MOTHER: JANE TURNER.
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY): TEX.

14. INFORMANT: FRANK STEVENS
(Address): LEBANON MO.

15. FILED 4/4, 1928. J M Billings, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): APR. 1 1928

17. I HEREBY CERTIFY, That I attended deceased from Mar. 29, 1928, to Apr. 1, 1928, that I last saw her alive on May 31, 1928, and that death occurred, on the date stated above, at 7 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pneumonia Lobar
10A
10X
11A (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY): Flu
..... (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? at home
DID AN OPERATION PRECEDE DEATH? no. DATE OF none
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Physical
(Signed) J. L. Berage, M.D.
, 19 (Address) Lebanon 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: LEBANON Mo. — DATE OF BURIAL: 3/2 1928

20. UNDERTAKER: PALMER. — ADDRESS: LEBANON

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.