1926

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

Do not use this space.

Carlisle

1. PLACE OF DEATH
County Pettis — Registration District No. 668 — File No. 24707
Township — Primary Registration District No. 3032 — Registered No. 198
City Sedalia (No. 1202 W Bud St. Ward)

2. FULL NAME Ulysses G 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) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 26-1868

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
59	10	7	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work R R Clerk
(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) Mo

PARENTS
10. NAME OF FATHER John Stevens
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Penn.
12. MAIDEN NAME OF MOTHER Matilda Renfrow
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Mo

14. INFORMANT Mrs U G Stevens
(Address) Sedalia Mo

15. FILED 7-14, 1928 J. G. Lorr REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 3 1928

17. I HEREBY CERTIFY, That I attended deceased from Oct 17th, 1927, to July 2nd 1928 that I last saw him alive on July 2nd 1928 and that death occurred, on the date stated above, at 6.10 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Myocarditis
131
(duration) 2 yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Chronic Interstitial Nephritis
(duration) 1 1/2 yrs. mos. 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? Clinical findings
(Signed) Jno B Carlisle, M. D
7/14, 1928 (Address) Sedalia 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 Sedalia Mo — DATE OF BURIAL July 5 1928

20. UNDERTAKER Gillespie — ADDRESS Sedalia

O. B. CARLISLE, M. D.

314 S.Ohio Street,
Sedalia,Missouri,
July 27th,1928.

TO WHOM IT MAY CONCERN;-

This is to certify that I attended U.G.Stevens of Sedalia,Missouri from October 17th,1927 to July 2nd,1928.His death on July 2nd,1928 was due to Chronic Myocarditis and Chronic Nephritis.

Very truly yours,
Jno B Carlisle M.D.
Jno.B.Carlisle,M.D.

Subscribed and sworn to before me a Notary Public this 27th. day of July 1928

O L Carter
Notary Public

MY COMMISSION EXPIRES, SEPT. 15, 1931.

1928

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

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

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.

1. PLACE OF DEATH.
County: Pettis — Registration District No.: 668 — File No.:
Township: — Primary Registration District No.: 3032 — Registered No.:
City: Sedalia (No. ... St. ... Ward)

2. FULL NAME: Ulysses G. Stevens
(a) Residence. No. Broadway and Park 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 | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

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

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(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)

PARENTS
10. NAME OF FATHER
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY)

14. INFORMANT
(Address)

15. FILED ..., 19... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 2nd 1928.

17. I HEREBY CERTIFY, That I attended deceased from Oct 17th 19..., to July 2nd 1928 that I last saw him alive on July 2nd 1928 and that death occurred, on the date stated above, at 6 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chr Myocarditis

? (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Chr Nephritis

? (duration) 1 yrs. mos. 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? Clinical findings
(Signed) Jno B Carlisle, M. D
19 (Address) Sedalia 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 | DATE OF BURIAL 19

20. UNDERTAKER | ADDRESS

SUPPLEMENTARY