JUL 27 1929

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

Do not use this space.

22335

87
2
3

1. PLACE OF DEATH
County Ralls
Registration District No. 724
Township
Primary Registration District No. 4-8/55 2
City New London (No. New London St. Ward)

File No.
Registered No. 21

2. FULL NAME Carolie Steward
(a) Residence. No. New London 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 Female
4. COLOR OR RACE Negro
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) about 1857

7. AGE about 78 YEARS MONTHS — DAYS — If LESS than 1 day, hrs. or min.

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

235

9. BIRTHPLACE (CITY OR TOWN) New London
(STATE OR COUNTRY) Mo

PARENTS
10. NAME OF FATHER Jackson Summerfield
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Mo
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER No Record
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) No Record
(STATE OR COUNTRY)

31

14. INFORMANT Wm Steward
(Address) New London

15. FILED 6-12, 1929 L. J. Powell REGISTRAR

MEDICAL CERTIFICATE OF DEATH

1

16. DATE OF DEATH (MONTH, DAY AND YEAR) 6-8 1929

17. I HEREBY CERTIFY, That I attended deceased from May 9, 1929, to June 9, 1929 that I last saw her alive on June 9, 1929, and that death occurred, on the date stated above, at Her Home m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Arbitrator Disease of Heart
920
(duration) yrs. 2 mos. ds.

CONTRIBUTORY (SECONDARY) 900
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? n.p. DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) J. E. Neely, M. D
6/10, 1929 (Address) New London 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 Fair View Cem
DATE OF BURIAL 6/11 1929

20. UNDERTAKER Geo E Roberts
ADDRESS Hannibal Mo

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 OWNER