APR 23 1930

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

Do not use this space.

85

7862

1. PLACE OF DEATH

County Buchanan — Registration District No. 1001 — File No.

Township — Primary Registration District No. — Registered No. 409

City St. Joseph, (No. St. Joseph's Hospital St. Ward)

2. FULL NAME Charles Lawrence Stewart,

(a) Residence. No. 1301 1/2 Sylvanie St., Ward. (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 2 yrs. 6 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)
Male	White	Divorced,

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 24, 1892

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	37	4	7	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Poultry Dealer 92A

(b) General nature of industry, business, or establishment in which employed (or employer) 107A

(c) Name of employer Self, 92A

9. BIRTHPLACE (CITY OR TOWN) Pickering,
(STATE OR COUNTRY) Missouri,

PARENTS

10. NAME OF FATHER Frank Stewart,

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Pickering,
(STATE OR COUNTRY) Missouri,

12. MAIDEN NAME OF MOTHER Neva Dixon,

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Warren County,
(STATE OR COUNTRY) Illinois,

14. INFORMANT Frank Stewart
(Address) 1301 1/2 Sylvanie Street

15. FILED APR 2 1930 John G. Jetz REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR) March 31, 1930

17. I HEREBY CERTIFY, That I attended deceased from March 29, 1930, to March 31, 1930, that I last saw him alive on March 31, 1930, and that death occurred, on the date stated above, at 2:01 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Mitral Stenosis — c̄ cardiac failure — auricular fibrillation
(duration) 2 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Broncho Pneumonia
(duration) yrs. mos. 2 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? Physical Exam

(Signed) H. G. Thompson Jr., M.D.

4/1, 1930 (Address) 825 Charles St Joseph, 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
Valley Falls, Kansas,	April 3 1930
20. UNDERTAKER	ADDRESS
Heaton - Bekale & Bowman	319 S. 10 St.

Funeral Home

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.