

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

Do not use this space.

27004

1. PLACE OF DEATH

County Jackson Registration District No. H-2
 Township Prairie Primary Registration District No. 5-55 P
 City Little Blue, Mo. (No. Jackson County Home) St. Home (Ward)

2. FULL NAME

John Stewart
 (a) Residence No. Jackson County Home 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 Emily Stewart

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 82 10 26
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 82 10 26

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Retired Carpenter
 (b) General nature of industry, business, or establishment in which employed (or employer) 20 years
 (c) Name of employer _____

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

PARENTS
 10. NAME OF FATHER Mr. Reed
 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 J. W. Hostetter
 (Address) Little Blue, Mo.

FILED Aug 12 1930 H. B. James REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 10 1930
 17. I HEREBY CERTIFY, That I attended deceased from July 1, 1930, to Aug 10, 1930 that I last saw him alive on Aug 8, 1930, and that death occurred, on the date stated above, at 10 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
mitral regurgitation
92A
 (duration) _____ yrs. _____ mos. _____ ds.
 CONTRIBUTORY (SECONDARY) _____ (duration) _____ 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
 (Signed) J. W. Green, M. D.
910, 1930 (Address) Independence 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 WA Washington DATE OF BURIAL Aug 12 1930

20. UNDERTAKER Mrs. E. L. Foster ADDRESS R. C. Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

X. R.—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.

11.0
Lee/Dec 1871
Ripton

Dr. Green
Indep. 319.71. Spring
Jan. 2 1872

