23

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

Do not use this space.

4613

1. PLACE OF DEATH

County Buchanan — Registration District No. 85 — File No.

Township — Primary Registration District No. 1001 — Registered No. 133

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

2. FULL NAME Isabella Ann Stevens,

(a) Residence. No. 1114 South 12th. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 31 yrs. mos. ds. How long in U. S., if of foreign birth? 60 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White	Widowed,

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 21, 1847

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	83	10	10	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work At Home,

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Unknown, (STATE OR COUNTRY) England,

PARENTS

10. NAME OF FATHER Unknown,

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown, (STATE OR COUNTRY) England,

12. MAIDEN NAME OF MOTHER Unknown,

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown, (STATE OR COUNTRY) England,

14. INFORMANT Walter A. Stevens (Address) 2906 Francis Street,

15. FILED FEB 3 1931, 19 John R. Bender REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feby 1st 1931

17. I HEREBY CERTIFY, That I attended deceased from Dec. 10, 1930, to Feb. 1, 1931, that I last saw her alive on Feb. 1, 1931, 19, and that death occurred, on the date stated above, at 10:05 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: (Femur)

Fracture of Rt. Femur (neck) Fell down steps at home

(Accidental) (duration) yrs. 2 mos. ds.

CONTRIBUTORY (SECONDARY) Bronchi Pneumonia

18A (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? Phys. Exam.

(Signed) J. G. Humphrey, M. D.

2/2, 1931 (Address) 835 Charles St. Jefferson

*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
St. Jo. Memorial Park Cem.	Feb. 4 1931
20. UNDERTAKER	ADDRESS
Heaton-BeGole & Bowman Funeral Home	319 S. 10 St.

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.