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

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.

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

Do not use this space.

23816

1. PLACE OF DEATH

County ..... Registration District No. 791 ~~1003~~ File No. .....

Township ..... Primary Registration District No. ..... Registered No. 7347

City St Louis (No. Barnes Hosp St. ..... Ward)

2. FULL NAME Orvella Roy Stephenson

(a) Residence, No. 1455a Blackstone St. 6 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 11-1877

7. AGE: YEARS 53 | MONTHS 9 | DAYS 19 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ret Salesman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Drygoods
10. Date deceased last worked at this occupation (month and year) 2/29
11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jacksonville Ill

FATHER

13. NAME John T. Stephenson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Canada

MOTHER

15. MAIDEN NAME Ellen M. Cochran
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT (ADDRESS) John T. Stephenson 1455a Blackstone

18. BURIAL, CREMATION, OR REMOVAL PLACE Jacksonville Ill. DATE 7-3-31, 19

19. UNDERTAKER (ADDRESS) Alexander & Lous 6175 Delmar

20. FILED 11-2, 19 Max C Starkey Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-30-31, 19

22. I HEREBY CERTIFY, That I attended deceased from 6-17, 1931, to 6-30, 1931

I last saw him alive on 6-30, 1931. Death is said to have occurred on the date stated above, at 11:45 p.m.

The principal cause of death and related causes of importance were as follows:

Arterio Sclerotic Heart Disease
Chronic Myocarditis

Date of onset

Other contributory causes of importance:
Pulmonary infarct.
956
950
1110

Name of operation none Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? no Date of injury no, 19

Where did injury occur? no (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? none

If so, specify .....

(Signed) J. Conway, M. D.

(Address) Barnes Hosp