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.

38227

1. PLACE OF DEATH
County Livingston — Registration District No. 508 — File No.
Township — Primary Registration District No. 3026 — Registered No. 116
City Chillicothe (No. , St. Ward)

2. FULL NAME Douglass Stewart
(a) Residence, No. 1219 Bryan St., 1 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): Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Fannie Stewart
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb. 6-1854
7. AGE: YEARS 77 - MONTHS 8 - DAYS 28. If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Abstractor
9. Industry or business in which work was done, as silk mill saw mill, bank, etc.: Abstract & investment
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation: Co

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Livingston Co. Mo.

FATHER
13. NAME: Robert Stewart
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ireland.

MOTHER
15. MAIDEN NAME: Martha Porterfield
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Virginia.

17. INFORMANT (ADDRESS): Joseph Stewart, Chillicothe, Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE: Edgwood DATE: Nov. 6 - 1931
19. UNDERTAKER (ADDRESS): James D. Gordon, Chillicothe Mo.
20. FILED: Nov. 6, 1931 R. Barney, Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Nov. 4 - 1931
22. I HEREBY CERTIFY, That I attended deceased from Feb 22, 1931, to Nov 4, 1931
I last saw him alive on Nov 3, 1931. Death is said to have occurred on the date stated above, at 1:30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia	Nov 1, 1931
186A 194B 132B 186C	
Other contributory causes of importance: Fractured Spine	May 26 1931

Name of operation: None — Date of
What test confirmed diagnosis? Clinical Symptoms — Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, ~~suicide or homicide~~ Date of injury: Mch 2, 1931
Where did injury occur? Chillicothe Mo. (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. In home
Manner of injury: Fell in bath room
Nature of injury: Fractured 3 & 4 lumbar

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) A. J. Simpson, M. D.
(Address) Chillicothe Mo.