

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.

APR 28 1932

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

Do not use this space.
9573

1. PLACE OF DEATH
 81 County Phelps Registration District No. 676
 Township Arbuckle Primary Registration District No. 5899
 City _____ (No. _____) St. _____ Ward _____

2. FULL NAME Orville Levi Stevenson
 (a) Residence, No. _____ 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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 7 - 1929

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>3</u>	<u>0</u>	<u>2</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____

11. Total time (years) spent in this occupation _____

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

FATHER
 13. NAME Ollie O. Stevenson
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Phelps Co Mo

MOTHER
 15. MAIDEN NAME Susie R Young
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Phelps Co Mo

17. INFORMANT Ollie Stevenson
 (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Rock Hill DATE Mar 10 1932

19. UNDERTAKER Lee Johnson
 (ADDRESS) Therby Young Ave

20. FILED 3/10 1932 At Kuboth
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 9 - 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 1 - 1932 to Mar 9 - 1932
 I last saw him alive on Feb 13 - 1932 Death is said to have occurred on the date stated above, at 7 P. m.
 The principal cause of death and related causes of importance were as follows:
Pernicious Anemia Date of onset _____
Pertussis
 Other contributory causes of importance: _____
 Name of operation none Date of _____
 What test confirmed diagnosis? _____ 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 _____, 19____
 Where did injury occur? _____ (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? _____
 If so, specify _____
 (Signed) R. E. Buer, M. D.
 (Address) Newburg Mo

