

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

Do not use this space.

39029

1. PLACE OF DEATH
 29 County Dade Registration District No. 237
 3 Township Center Primary Registration District No. 4144
 2 City Greenfield, Mo. (No.) St. Ward

2. FULL NAME Lois Stewart
 (a) Residence, No. St. Ward

(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE Caucasian 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) Jan. 10, 1914

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	18	11	5	

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) Dadwill Mo.

FATHER
 13. NAME J. O. Stewart
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dade Co. Mo.

MOTHER
 15. MAIDEN NAME Fanny Kelley
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Prairie Co. Ark.

17. INFORMANT J. O. Stewart
 (ADDRESS) Greenfield, Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Grfld. Cern. DATE Dec. 16, 1932

19. UNDERTAKER J. W. Ward
 (ADDRESS) Greenfield, Mo.

20. FILED Dec. 15, 1932 J. W. Ward Asst. Registrar
a. e. Ball

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 15, 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov. 11, 1932, to Dec. 15, 1932
 I last saw h. ex. alive on Dec. 15, 1932 Death is said to have occurred on the date stated above, at 9 A.m.
 The principal cause of death and related causes of importance were as follows:
Typhoid fever
 Date of onset

Other contributory causes of importance: (1)

Name of operation Date of
 What test confirmed diagnosis? Was there an autopsy?

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 Yes - L. Wein M. D.
 (Signed) Greenfield, Mo.
 (Address) Greenfield, Mo.

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.

JAN 23 1933

RECORD OF DEATHS IN THIS STATE

