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.

JUN 22 1933

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

Do not use this space.

Bruce

16075

1. PLACE OF DEATH
County Cole — Registration District No. 213 — File No. 136
Township — Primary Registration District No. 3014 — Registered No.
City Jefferson (No. ..... St. ..... Ward)

2. FULL NAME Thomas David Stephens
(a) Residence, No. 1512 St Mary St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred yrs. 8 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): married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Apr 19-1866

7. AGE: YEARS 67 — MONTHS 1 — DAYS 12 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Retired
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): Morgan Co. Mo

FATHER
13. NAME: Jos Stephens
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo

MOTHER
15. MAIDEN NAME: No information
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): do

17. INFORMANT (ADDRESS): W L Stephens, Jeff City

18. BURIAL, CREMATION, OR REMOVAL: Union Cem. DATE 6/2 1933

19. UNDERTAKER (ADDRESS): Hanson Farmer, Jeff City

20. FILED 6/2, 1933 W. Bedford, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May 31, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 26, 1933 to May 31, 1933
I last saw him alive on May 31, 1933. Death is said to have occurred on the date stated above, at 6:30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of Lungs	
23A	

Other contributory causes of importance: 23

Name of operation ..... Date of .....
What test confirmed diagnosis? Stethoscope 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) J. G. Bruce, M. D.
(Address) Jefferson City Mo