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 23 1933

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

Do not use this space.

20815

1. PLACE OF DEATH

91 County Ripley — Registration District No. 751 — File No. 16

Township Thomas — Primary Registration District No. 5990 — Registered No. 456

City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME David Junior Stephens

(a) Residence, No. Naylor Mo. R #1 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) Jan 12, 1932

7. AGE: YEARS 1 — MONTHS 4 — DAYS 20 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home
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) Neelyville Missouri

FATHER

13. NAME Wm David Stephens
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Naylor Missouri

MOTHER

15. MAIDEN NAME Maggie Melissa Smith
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Neelyville Missouri

17. INFORMANT (ADDRESS) W. D. Stephens Naylor Mo. R #2

18. BURIAL, CREMATION, OR REMOVAL
PLACE Eaton Cemetery DATE 6, 3 — 1933

19. UNDERTAKER (ADDRESS) Gish Undertaking Co. Naylor Mo.

20. FILED 6/10 1933 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 2, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 28, 1933, to Jun 2, 1933

I last saw him alive on June 2, 1933. Death is said to have occurred on the date stated above, at 4 20 m.

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

Diarrhea & enteritis under 2 years. — Date of onset 5-20-33

119 9 119

Other contributory causes of importance:

Name of operation —— Date of .....

What test confirmed diagnosis? Clinical 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? No

If so, specify .....

(Signed) R L Turner, M. D.

(Address) Neelyville Mo.