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.

OCT 20 1933

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

Do not use this space.

28815

1. PLACE OF DEATH

County Buchanan — Registration District No. 85 — File No.

Township — Primary Registration District No. 1001 — Registered No. 920

City St. Joseph, (No. 2401 Sacramento St. Ward)

2. FULL NAME John Andrew Stewart,

(a) Residence, No. 2401 Sacramento St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Married,

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 14, 1867

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
66	6	1	

OCCUPATION

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

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

10. Date deceased last worked at this occupation (month and year) Sept. 1933

11. Total time (years) spent in this occupation 3

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Andrew County, Missouri,

FATHER

13. NAME James Stewart,

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Indiana,

MOTHER

15. MAIDEN NAME Mary Kirby,

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Indiana,

17. INFORMANT (ADDRESS) Mrs. John A. Stewart 2401 Sacramento St.

18. BURIAL, CREMATION, OR REMOVAL

PLACE St. Jo. Mem. Park DATE Sept. 18, 1933

19. UNDERTAKER (ADDRESS) Heaton Bergole & Bowman 319 S. 10th. St. Funeral Hom.

20. FILED 9-15- 1933 John R. Benders Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 15, 1933

22. I HEREBY CERTIFY, That I ~~attended~~ viewed deceased ~~from~~ on Sept. 15, 1933, to ..., 19...

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 1:00 a.m.

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

Angina Pectoris 94A 97 94A

Date of onset

Other contributory causes of importance:

Arteriosclerosis

Name of operation none Date of ...

What test confirmed diagnosis? Obs. Hist. Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? no Date of injury ..., 19...

Where did injury occur? no (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury none

Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ...

(Signed) Forrest Thomas, M. D.

(Address) 801½ Felix