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

Do not use this space.

24520

File No. 3098

Registered No.

1. PLACE OF DEATH

County Jackson — Registration District No. 3

Township Kaw — Primary Registration District No.

City Kansas City (No. 3234 Myrtle St. Ward)

2. FULL NAME Mary E. Stevens

(a) Residence, No. 3234 Myrtle St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 40 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)
Female	White	Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Edward J. M. Stevens

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 16, 1850

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
83	10	28	

OCCUPATION

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

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) Peru Ill.

FATHER

13. NAME Martin Brown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER

15. MAIDEN NAME Annie M. Balz

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Fred S. Brown
(ADDRESS) 21 & Blue Ridge Rd.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Adel Iowa DATE July 15, 34

19. UNDERTAKER Wagner Funeral Home
(ADDRESS) 204 W. Linwood

20. FILED 7-14, 1934 Mon Crowe asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 13, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1934, to July 13, 1934

I last saw her alive on July 13, 1934. Death is said to have occurred on the date stated above, at 6:20 P. m.

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

Cerebral hemorrhage right parietal region. 8 hrs. 49

Date of onset 2 yrs. 1 yr. 1 month

Other contributory causes of importance: Sclerosis of Arteries.

Name of operation — 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? no

If so, specify

(Signed) E. H. Beilinger, M. D.

(Address) 726-31 Argyle Bld. K.C. 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Mrs. Stephens
3234 Mayrose