

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

Do not use this space.

25721

1. PLACE OF DEATH

County Newton Registration District No. 612
Township Van Buren Primary Registration District No. 5814
City (No.) St. Ward)

File No. _____
Registered No. _____

2. FULL NAME

James Pembrey Stephens Ward. _____
(a) Residence No. Larson Road #1 (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF Martha Curry Stephens

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) February 19, 1849

7. AGE YEARS MONTHS DAYS If LESS than 1 day, X hrs. or X min.
85 5 5

OCCUPATION
8. Trade, profession, or particular kind of work done, as planner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farming
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) North Carolina

FATHER
13. NAME William Stephens

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

MOTHER
15. MAIDEN NAME Nancy Sorrell

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

17. INFORMANT (ADDRESS) Mrs. H. H. H. H.

18. BURIAL, CREMATION, OR REMOVAL PLACE Graves Cemetery DATE July 25, 1934

19. UNDERTAKER (ADDRESS) Chas. C. Cole

20. FILED 7-25, 1934 Grace Hudson Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 24, 1934

22. I HEREBY CERTIFY, that I attended deceased from Jan 1, 1934 to July 15, 1934
I last saw him alive on July 10, 1934 Death is said to have occurred on the date stated above, at 2:30 PM
The principal cause of death and related causes of importance were as follows:

Chronic Nephritis Date of onset 131
135 / 131
Other contributory causes of importance: Nyctemuria

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? No
If so, specify _____
(Signature) Wm. H. H. H., M. D.
(Address) St. Louis, Mo.

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.

AUG 14 1934

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