

NOV 10 1934

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

Do not use this space.

36994

1. PLACE OF DEATH
 County Orleans Registration District No. 689
 Township St. Charles Primary Registration District No. 3033
 City Bonneton (No. 3d Street) St. 1 Ward 1

2. FULL NAME Ms Mary Stewart (Stewart)
 (a) Residence, No. 3-34 St. 1 Ward 1
 (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 Grand Stewart

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) About 1855

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
<u>About 79</u>				

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

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) Mo

MOTHER 13. NAME John Weber

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bohemia

15. MAIDEN NAME Unknown

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

17. INFORMANT Miss Nell Dumbay
(ADDRESS) Bonneton Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Catholic Cemetery DATE Oct 26 1934

19. UNDERTAKER M. F. Buda
(ADDRESS) Bonneton Mo

20. FILED 10/26 1934 J. P. Healy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10/25 1934

22. I HEREBY CERTIFY, That I attended deceased from 10/19/34 19... to 10/25/34 19...
 I last saw her alive on 10/25/34 19... Death is said to have occurred on the date stated above, at 9:45 AM.
 The principal cause of death and related causes of importance were as follows:
Acute Myocarditis Date of onset 10/15/34
930
 Other contributory causes of importance:
Atherosclerosis
Senility

Name of operation None 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 Robert L. Buda, M. D.
 (Signed) Robert L. Buda, M. D.
 (Address) Louisiana, 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.

