

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.

JAN 21 1935

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

Do not use this space.

41971

1. PLACE OF DEATH
 County Boone Registration District No. 73
 Township Columbia Primary Registration District No. 3006
 City Columbia (No) St. _____ Ward _____
 2. FULL NAME Marvin Stedman
 (a) Residence, No. 206 Ash 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 <u>Male</u>	4. COLOR OR RACE <u>Negro</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>6-2-1934</u>		
7. AGE	YEARS <u>0</u>	MONTHS <u>6</u>
	DAYS <u>21</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>infant</u>	
	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) <u>Columbia</u> (STATE OR COUNTRY) <u>Missouri</u>		
FATHER	13. NAME <u>Albert Stedman</u>	
	14. BIRTHPLACE (CITY OR TOWN) <u>New Port</u> (STATE OR COUNTRY) <u>Arkansas</u>	
MOTHER	15. MAIDEN NAME <u>Mary Smith</u>	
	16. BIRTHPLACE (CITY OR TOWN) <u>Columbia</u> (STATE OR COUNTRY) <u>Missouri</u>	
17. INFORMANT <u>Mary Smith</u> (ADDRESS) <u>Columbia Missouri</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Columbia</u> DATE <u>12-26-1934</u>		
19. UNDERTAKER <u>Stewart P. Parker</u> (ADDRESS) <u>Columbia Mo</u>		
20. FILED <u>12/26/1934</u> <u>Allie Selby</u> Registrar		

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-23-1934

22. I HEREBY CERTIFY, That I attended deceased from 2 weeks 12-23, 1934
 I last saw him alive on Dec 13, 1934 Death is said to have occurred on the date stated above, at 10 a.m.
 The principal cause of death and related causes of importance were as follows:
Whooping cough
ending in convulsion
 Date of onset _____

Other contributory causes of importance:
None

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) W. A. Harris M. D.
 (Address) Columbia Mo.

