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.

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

APR 26 1935

Do not use this space.

9351

1. PLACE OF DEATH
County Jackson — Registration District No. — File No.
Township Kansas — Primary Registration District No. 399 — Registered No. 1201
City Kansas (No. General Hospital 1002 St. Ward)

2. FULL NAME Mary France Stevens
(a) Residence, No. 701 Woodland St., Ward. (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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF —
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 10 1933
7. AGE: YEARS 1 MONTHS 11 DAYS 17 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Child
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) Marshall Mo

FATHER
13. NAME Sidney Stevens
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Blackwater Mo

MOTHER
15. MAIDEN NAME Eleveyn Lindsey
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Harrisburg Penn.

17. INFORMANT (ADDRESS) Sidney Stevens 701 Woodland. Ave
18. BURIAL, CREMATION, OR REMOVAL
PLACE Green Lawn DATE 3-26-35 19
19. UNDERTAKER (ADDRESS) Passantino Bros K. C. Mo.
20. FILED 3-25 1935 M. M. Crowe asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-24-35, 19
22. I HEREBY CERTIFY, That I attended deceased from ....., 19.... to ....., 19....
I last saw h.... alive on ....., 19.... Death is said to have occurred on the date stated above at ....m.
The principal cause of death and related causes of importance were as follows:
Acute Adulitis of the Throat Septemia (Streptococcus)
Date of onset
Other contributory causes of importance:
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? .....
If so, specify .....
(Signed) ....., M. D.
(Address) .....