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

JUN 4 1935

Do not use this space.

15290

1. PLACE OF DEATH
County Shelby — Registration District No. 830
Township ~~Lentner~~ LENTNER — Primary Registration District No. 6095
City ~~Lentner~~ (No. ..... St. ..... Ward)

File No. .....
Registered No. 19

2. FULL NAME Mamzie Stewart
(a) Residence, No. Lentner 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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF Joseph Stewart

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 8 1855

7. AGE: Years 80 — Months 1 — Days 10 — If LESS than 1 day, ... hrs. or ..... min.

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) Canada

FATHER
13. NAME Ben Bunn
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Canada

MOTHER
15. MAIDEN NAME Don't Know
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't Know

17. INFORMANT Ben Stewart (ADDRESS)

18. BURIAL, ~~CREMATION, OR REMOVAL~~ PLACE Union Cemetery DATE April 20 1935

19. UNDERTAKER E. Hayes (ADDRESS) Shelbina, Mo

20. FILED April 20, 1935 Mrs. R. H. Wales Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-18- 1935

22. I HEREBY CERTIFY, That I attended deceased from 2-10- 1921, to 4-16- 1935
I last saw her alive on 4-16- 1935. Death is said to have occurred on the date stated above, at 11 9 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis Chronic	

Other contributory causes of importance: Mitral Regurgitation Glaucoma R. Eye

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? .....
If so, specify .....
(Signed) A. M. Hood, M. D.
(Address) Shelbina 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