

OCT 28 1935

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

Do not use this space.

30333

1. PLACE OF DEATH

County PettisRegistration District No. 668Township SedaliaPrimary Registration District No. 3032City Sedalia (No. 205, Boonville)File No. 286288
Registered No. 668 St. _____ Ward)

2. FULL NAME

(a) Residence, No. 205 E. Boonville 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. 5 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ethens Stephens6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 17 - 18707. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 22 65 3 238. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

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) Missouri13. NAME Benjamin Stephens14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri15. MAIDEN NAME Do not know16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Do Not know17. INFORMANT Mrs Ethens Stephens (ADDRESS) Sedalia, Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Cemeter Town DATE 9-11-3519. UNDERTAKER Mc Laughlin Bros (ADDRESS) Sedalia, Mo.20. FILED 9-11-35 1935 Steve Black Registrar21. DATE OF DEATH (MONTH, DAY, AND YEAR) SEPTEMBER 10, 193522. I HEREBY CERTIFY, That I attended deceased from Sept. 1, 1935 to Sept 10, 1935I last saw him alive on Sept 10, 1935. Death is said to have occurred on the date stated above, at 11:30 a.m.

The principal cause of death and related causes of importance were as follows:

Bronchial pneumonia

Date of onset

Other contributory causes of importance:

Chronic myocarditis and myocardial degeneration
Chronic pulmonary tuberculosis

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 _____

(Signed) Gordon Stauffer, M. D.(Address) Sedalia, Missouri

N. B.—Every item of information should be carefully supplied. A.C. should be stated EXACTLY. PHYSICIAN'S SIGNATURE should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

