

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

Do not use this space.

OCT 21 1936

33911

1. PLACE OF DEATH

County Chariton Registration District No. 174 File No. _____
 Township Clark Primary Registration District No. 5242 Registered No. _____
 City _____ (No. _____) St. _____ Ward _____

2. FULL NAME

Bellgora Frances Stevenson

(a) Residence, No. _____ St. _____ Ward _____

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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 - Albert Stevenson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 15 1882

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<u>24</u>	<u>2</u>	<u>6</u>	

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) Lin Co Mo
 (STATE OR COUNTRY)

FATHER
 13. NAME Silas Richardson

14. BIRTHPLACE (CITY OR TOWN) Don't know
 (STATE OR COUNTRY)

MOTHER
 15. MAIDEN NAME Elizabeth Hall

16. BIRTHPLACE (CITY OR TOWN) Don't know
 (STATE OR COUNTRY)

17. INFORMANT Albert Stevenson
 (ADDRESS) Marshall Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt Olivet DATES Sept 24 1936

19. UNDERTAKER Jas M Taylor
 (ADDRESS) Marshall Mo

20. FILED 9/28 1936 Ed Stratton
 Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9/21 1936

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 1 P. m.

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

Cerebral Embolism

Date of onset 9-21-36

Other contributory causes of importance:

Chronic myocarditis

Name of operation None Date of _____

What test confirmed diagnosis? Heart 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) J. L. Herring (Coones) M. D.

(Address) Marshall 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.

