

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

Do not use this space.

**JUN 16 1937**

1. PLACE OF DEATH  
 4 County Audrain Registration District No. 26  
 4 Township Saltriver Primary Registration District No. 3002  
 4 City Mexico Mo. (No. 2) St. \_\_\_\_\_ (Ward) \_\_\_\_\_

2. FULL NAME Jean Steward  
 (a) Residence, No. 1008-N-Clark 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.

File No. 19310  
 Registered No. 6-8

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) \_\_\_\_\_

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 19-1937

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.  
6 4 \_\_\_\_\_

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. \_\_\_\_\_  
 10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) Mexico (STATE OR COUNTRY) Mo.

MOTHER 13. NAME Virgil Steward

14. BIRTHPLACE (CITY OR TOWN) Moberly (STATE OR COUNTRY) Mo.

15. MAIDEN NAME Ruth Mansfield

16. BIRTHPLACE (CITY OR TOWN) Huntsville (STATE OR COUNTRY) Mo.

17. INFORMANT Virgil Steward (ADDRESS) Mexico Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mexico Elmwood DATE 5-20- 19 37

19. UNDERTAKER H A Precht & Son (ADDRESS) Mexico Mo.

20. FILED May 20 1937 Blanche Keely Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-19 1937

22. I HEREBY CERTIFY, That I attended deceased from 1:20 P.M. 5-19-37 to 6:00 P.M. 5-19-37

I last saw her alive on 5-19-37 Death is said to have occurred on the date stated above, at 5:30 P.M.

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

Premature Birth  
5 1/2 months

Date of onset \_\_\_\_\_

Other contributory causes of importance: 159

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) R. W. Van Dyke, M. D.

(Address) Mexico 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.

