

JUN 16 1937

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

Do not use this space.

19338

1. PLACE OF DEATH
County Barton Registration District No. 40
Township _____ Primary Registration District No. 4024
City Lamar (No. 2 St. _____ Ward _____)

2. FULL NAME Mary Jane 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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

File No. _____
Registered No. 28

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) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John Stevenson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 17th, 1854

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>82</u>	<u>82</u>	<u>6</u>	<u>26</u>	

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) Washington Co. Arkansas

MOTHER FATHER

13. NAME James R. Neill

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

15. MAIDEN NAME Elizabeth Mayfield

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT Mrs Joe Springer
(ADDRESS) Lamar, MO.

18. BURIAL, CREMATION, OR REMOVAL PLACE Rice Cemetery Dadeville, MO. DATE 5/16 1937

19. UNDERTAKER river funeral Home
(ADDRESS) Lamar, MO.

20. FILED May-16 1937 Mrs Josephine Myatt
Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 13th 1937

22. I HEREBY CERTIFY, That I attended deceased from May 5th 1937 to May 13th 1937
I last saw her alive on May 13 1937. Death is said to have occurred on the date stated above, at 5:10 P. m.
The principal cause of death and related causes of importance were as follows:
Cerebral hemorrhage

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) C. E. Russell, M. D.
(Address) Lamar, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

