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JUL 27 1937

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

Do not use this space.

23423

File No. 206

Registered No. _____

1. PLACE OF BIRTH

County Cedar
 Township Benton
 City _____ (No. _____) St. _____ Ward _____

Registration District No. 164
 Primary Registration District No. 5229

2. FULL NAME Obediah S. Steward

(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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 Nancy Elbeth Steward

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 12 - 1854

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
83 4 28

8. Trade, profession, or particular kind of work done, as planner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer

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) Cedar Co Mo.

13. NAME Jessie Steward

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Van Buren

15. MAIDEN NAME Caroline Robinson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Van Buren

17. INFORMANT J. M. Steward
 (ADDRESS) Springfield Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Grasson DATE 6-12 1937

19. UNDERTAKER (ADDRESS) Chas. T. Spivey
Springfield Mo.

20. FILED 6-26 1937 May Huffner
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 10 1937

22. I HEREBY CERTIFY, That I attended deceased from June 1 1937, to June 10 1937
 I last saw him alive on June 8 1937 Death is said

to have occurred on the date stated above, at 6:30 p.m.

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

Chronic Brights Disease Date of onset _____

Other contributory causes of importance: Senility

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) H. G. Linnell, M. D.
 (Address) Springfield 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.

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