SEP 16 193

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

Do not use this space.

1. PLACE OF DEATH
County Cooper
Township Lamine
City ..... (No. ..... St. ..... Ward)

Registration District No. 217
Primary Registration District No. 5308

File No. 30492
Registered No. .....

2. FULL NAME W. B. Stevens

(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: Unknown.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Unknown

7. AGE: YEARS Unknown MONTHS DAYS If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fisherman
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) Aug-14-1937
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

FATHER
13. NAME "
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) "

MOTHER
15. MAIDEN NAME "
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) "

17. INFORMANT (ADDRESS): No Information

18. BURIAL, CREMATION, OR REMOVAL: Boonville Mo
PLACE City Cemetery DATE Aug 20 1937

19. UNDERTAKER (ADDRESS): Goodman & Boller Boonville Mo

20. FILED 8-11 1937 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 14, 1937

22. I HEREBY CERTIFY, That I attended deceased from not attended, 19—, to —, 19—.
I last saw h— alive on not seen alive —, 19—. Death is said to have occurred on the date stated above, at unknown.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Suicide by drowning	Aug 14 1937

Other contributory causes of importance: —

166

Name of operation — Date of —
What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? suicide Date of injury Aug 14, 1937
Where did injury occur? at Glasgow, Mo (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Suicide occured in Missouri River
Manner of injury Jumped in Missouri River
Nature of injury Suicide by drowning.

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify —

(Signed) J. C. Tincher, M. D.
(Address) Boonville Mo. Coroner of Cooper County Mo.

FILL IN ANSWERS TO ALL SPACES CHECKED IN RED PENCIL.

MISSOURI STATE BOARD OF HEALTH
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CERTIFICATE OF DEATH

30492
Do not use this space.

1. PLACE OF DEATH
(a) County Cooper Registration District No. 217
(b) Township Lamine Primary Registration District No. 2308 Registered No.
(c) City (d) Street No. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME W. B. Stevens Name not Standard
(a) Residence, No. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*)
M	W	M

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as 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)

FATHER
13. NAME
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE DATE 19

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED 19 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 14, 1937

22. I HEREBY CERTIFY, That I attended deceased from ....19.... to ....19....
I last saw him alive on ....19.... Death is said to have occurred on the date stated above, at ....m.
The principal cause of death and related causes of importance were as follows:

	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) J. C. Tuchen, M. D.
(Address) Boonville Mo
Pariner Cooper Co

SUPPLEMENTARY

5-30492