

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

Do not use this space.

OCT 19 1937

34139

**1. PLACE OF DEATH**

County St. Louis  
Township Ind.  
City Kennett (No. \_\_\_\_\_)

Registration District No. 288  
Primary Registration District No. 5406

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

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. (If nonresident, give city or town and State)

Samuel C. C. Stephens

**PERSONAL AND STATISTICAL PARTICULARS**

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary E. Stephens

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9-14-1887

7. AGE YEARS 49 MONTHS \_\_\_\_\_ DAYS 21 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

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

13. NAME Doris Know

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Doris Know

15. MAIDEN NAME Doris Know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Doris Know

17. INFORMANT (ADDRESS) Thos J. Stephens

18. BURIAL, CREMATION, OR REMOVAL PLACE Pallard Ark DATE 9-6-1937

19. UNDERTAKER (ADDRESS) Russell Co. Piquette Ark

20. FILED 9-7-1937 Thos J. Stephens Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-5-1937

22. I HEREBY CERTIFY, That I attended deceased from 9-3-1937 to 9-5-1937

I last saw him alive on 9-3-1937 Death is said to have occurred on the date stated above, at 5 A p.

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

Mitral Regurgitation  
Chronic Malaria

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) Thos J. Stephens, M. D.  
(Address) Kennett Mo.

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

