

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

Do not use this space.

PLACE OF DEATH

Missouri
Passcoia

Registration District No. *1102*
Primary Registration District No. *758*

File No. *3672*
Registered No. _____

City (No. _____) St. _____ Ward _____
Eric Audine Stephens *315*
Usual place of abode _____
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)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX <i>M</i>	4. COLOR OR RACE <i>W</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>single</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>single</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Aug 21, 1919</i>		
7. AGE	YEARS <i>18</i>	MONTHS <i>5</i>
	DATE <i>6</i>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>hesser</i>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>Shirt factory</i>	
	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) <i>Griffell Ark</i>		
13. NAME <i>William K Stephens</i>		
BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Greenwood Miss</i>		
MIDEN NAME <i>Willie Mae Powers</i>		
BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Miss</i>		
INFORMANT (ADDRESS) <i>William K Stephens Small 400</i>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Sub Cemetery</i> DATE <i>Jan 23 38</i>		
19. UNDERTAKER (ADDRESS) <i>Mrs Daniel H. Marshall Small 400</i>		
20. FILED <i>1-25 1938</i> <i>Mrs T.R. Cole</i> Registrar. <i>591</i>		

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Jan 21 1938*

22. I HEREBY CERTIFY That I attended deceased from _____, 19____, to _____, 19____.

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at *10:30 p.m.*

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

Automobile Accident

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 *1-31 38*

Where did injury occur? *Pennscot Co Mo.*
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.
HW-84-10m West of

Manner of injury *Hwy.*

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?
If so, specify _____

(Signed) *D.A. Judge-Cannon* M. D.
Hoyt Mo

(Address) _____

Exact statement of OCCUPATION is very important. So that it may be properly classified.

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RECEIVED

FEB 28 1936

BUREAU OF VITAL STATISTICS
MD. STATE BOARD OF HEALTH

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

3672
Do not use this space.

1. PLACE OF DEATH

(a) County Pemiscot Registration District No.
 (b) Township Primary Registration District No. Registered No.
 (c) City (d) Street No.
 (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 Essie Pauline Stephens

(a) Residence, No. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED S
(Write the word)

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 21 1938

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

22. I HEREBY CERTIFY, That I attended deceased from to

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

I last saw h. alive on, 19..... Death is said to have occurred on the date stated above, at m.

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

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

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

auto mobile accident
between with of motor vehicle parked on highway.
 Date of death 7 10 38

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

Other contributory causes of importance:

FATHER 13. NAME

Name of operation Date of
 What test confirmed diagnosis? Was there an autopsy?

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

MOTHER 15. MAIDEN NAME

23. If death was due to external causes (violence) fill in also the following:
 Accident, suicide, or homicide: accident Date of injury 1-21, 1938
 Where did injury occur? Pemiscot Co. Mo
(Specify city or town, county, and State)

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

Specify whether injury occurred in industry, in home, or in public place.
Public Highway # 84
 Manner of injury auto accident
 Nature of injury

17. INFORMANT (ADDRESS)

24. Was disease or injury in any way related to occupation of deceased?

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19

19. FUNERAL DIRECTOR (ADDRESS)

If so, specify D. A. Hedges acting coroner
 (Signed) Hayti
 (Address) Hayti Mo

20. FILED Jan-25 1938 Mrs F. R. Cole
 Local Registrar.

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAWS. Exact statement of OCCUPATION always important.

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