

REC'D MAR 14 1938

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

6036

Do not use this space.

10
 1. PLACE OF DEATH
 3 (a) County Boone 2
 4 (b) Township Columbia 1
 (c) City Columbia (d) Street No. 73
 (If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
 (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 BUSH STEWART 363
 (a) Residence, No. 505 Ash St. 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

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8-15-1877

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
60 6 13

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired
 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) Linn (STATE OR COUNTRY) Missouri

FATHER
 13. NAME John Stewart
 14. BIRTHPLACE (CITY OR TOWN) Don't Know (STATE OR COUNTRY)

MOTHER
 15. MAIDEN NAME Luey Carter
 16. BIRTHPLACE (CITY OR TOWN) Don't Know (STATE OR COUNTRY)

17. INFORMANT Stewart P. Parker (ADDRESS) Columbia, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cemetery DATE 3-4- 1938

19. FUNERAL DIRECTOR Stewart H. Parker (ADDRESS) Columbia, Missouri

20. FILED 3/11 1938 Allie Selby Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb-28 1938

22. I HEREBY CERTIFY, That I attended deceased from not attended, 19 , to , 19 .
 I last saw h..... alive on , 19 . Death is said to have occurred on the date stated above, at 9 a. m.
 The principal cause of death and related causes of importance were as follows:
Acute cerebral and meningeal exudate induced by acute alcoholism Date of onset

Other contributory causes of importance: 75

Name of operation none Date of
 What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

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? No
 If so, specify
 (Signed) M. P. Lockton Cover M. D.
 (Address) P. O. N. 956

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

I 1 X12004

STATEMENT BY LICENSED EMBALMER

I, Stewart B. Parker

Licensed Embalmer No. 2900

hereby certify that the body recorded on the reverse side of this certificate was embalmed by

Stewart B. Parker

L. E.

No. _____ or by _____

Registered Apprentice No. _____

working under my personal supervision.

Signed Stewart B. Parker

Licensed Embalmer No. 2900

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)