

REC'D MAR 15 1928

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

Do not use this space.

## 1. PLACE OF DEATH

County

Township

City

Black  
Union

Registration District No.

Primary Registration District No.

(No.

190

5265

File No.

Registered No.

6456

St. \_\_\_\_\_ Ward \_\_\_\_\_

## 2. FULL NAME

(a) Residence, No.

(Usual place of abode)

St.

Ward.

(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.

Charles Stewart

368

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

M

4. COLOR OR RACE

W.

5. SINGLE, MARRIED, WIDOWED, OR

DIVORCED (write the word)

widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF  
(OR) WIFE OF

Viola East.

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

April 10, 1873

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1  
day, .....hrs.  
or .....min.

64

10

11

OCCUPATION

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

Farmer

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)

Black Co. Missouri

13. NAME

Wiley J. Stewart

14. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Indiana

15. MAIDEN NAME

Catherine Collins

16. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Indiana

17. INFORMANT

(ADDRESS)

Mrs Sterling Burk.  
Kahoka Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE

DATE

Kahoka cem. Feb 23 1928

19. UNDERTAKER

(ADDRESS)

Fred J. Kagle  
Kahoka Mo.

20. FILED

DATE

Feb 23 1928

Registrar.

## MEDICAL CERTIFICATE OF DEATH

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

Feb 21 1928

22. I HEREBY CERTIFY, That I attended deceased from

Jan 1 1927, to Feb 21 1928

I last saw him alive on Feb 21 1928

Death is said to have occurred on the date stated above, at 7 P.M.

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

Respiratory apathy

2d attack of 8/24/1

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)

Kahoka Mo. M. D.

(Address)

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.

