REC'D APR 8 1938

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

Do not use this space.

File No. 12276

Registered No.

1. PLACE OF DEATH

County: Stoddard — Registration District No. 837

Township: Castor — Primary Registration District No. 0099

City: Bloomfield (No. ..., ..., St. ..., Ward)

2. FULL NAME Henry Green Stevens 315

(a) Residence, No. Bloomfield, Mo. 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) November 29, 1853

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	84	3	16	

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) Mt. Vernon
(STATE OR COUNTRY) Jefferson Co., Ill.

FATHER

13. NAME Leeander Monroe Stevens

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

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY) England

17. INFORMANT Mr. Mun Stevens
(ADDRESS) Bloomfield, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Walkers Cemetery DATE March 16, 1938

19. UNDERTAKER Chiles Undertaking Co.
(ADDRESS) Bloomfield, Missouri

20. FILED Apr 4 1938 Dr Ed. Ford
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 15, 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug 1, 37 to 3/15, 1938

I last saw him alive on March 15, 1938. Death is said to have occurred on the date stated above, at 8:04 P. M.

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

Osteo Sclerosis — Date of onset

Other contributory causes of importance: 97

Name of operation ... Date of ...

What test confirmed diagnosis? Clin. Was there an autopsy? No

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) Edward Ford, M. D.

(Address) Bloomfield Mo

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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.