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

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

REC'D OCT 7 1938

Do not use this space.

31908

1. PLACE OF DEATH
County Cape Girardeau Registration District No. 130
Township Welch Primary Registration District No. 5175
City ~~Near Advance, Mo~~ (No. ..... St. ..... Ward)

File No. .....
Registered No. .....

16

2. FULL NAME Zora Stevens 315
(a) Residence, No. Near Advance, 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 Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 17, 1881
7. AGE YEARS 57 MONTHS 3 DAYS 27 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
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) Missouri 0

FATHER
13. NAME John Stevens 1
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky 0

MOTHER
15. MAIDEN NAME Liza Baker
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) G. M. Stevens Advance, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Trasier Cemetery DATE July 14, 1938

19. UNDERTAKER (ADDRESS) Lloyd S. Morgan Advance, Mo

20. FILED Sept 20, 1938 Mrs Wm Stickler Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 13, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan. 10, 1938, to July 13, 1938
I last saw her alive on July 8, 1938. Death is said to have occurred on the date stated above, at 11.55 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Rheumatoid Arthritis	1930

5613

Other contributory causes of importance: Rheumatism

Name of operation ..... Date of .....
What test confirmed diagnosis? inspection 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) C. E. Lewis, M. D.
973 (Address) Advance, Mo