

REC'D JAN 23 1939

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

Do not use this space.

1. PLACE OF DEATH

County

Taney

Registration District No.

859

Township

Bronson

Primary Registration District No.

6128

City

Bronson

(No.

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. ~~Single, married, widowed, or divorced~~ (write the word)5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF

Eva Blanch

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

Sept. 14 1868

7. AGE

YEARS
70MONTHS
3DAYS
1If LESS than 1
day, hrs.
or min.

OCCUPATION

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

Businessman

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
occupation12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

Pittsburg Pa.

13. NAME

Gd. Stephenson

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

Margaret Knapp

15. MAIDEN NAME

Donna Knapp

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

Chambersburg Pa.

17. INFORMANT
(ADDRESS)Geo. L. Stephenson Jr.
21 Vandewater Ave. Ingram Pa.

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Bronson

DATE

12/18 1938

19. UNDERTAKER
(ADDRESS)R. W. Welch
1014 1/2 S. 1st St. Mo.
John H. Baxter
Registrar.

20. FILED

12/18 1938

MEDICAL CERTIFICATE OF DEATH

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

12-15-1938

22. I HEREBY CERTIFY, That I attended deceased from

Dec 13, 1938, to Dec 15, 1938

I last saw him alive on Dec 13, 1938 Death is said

to have occurred on the date stated above, at 7:30 A.M.

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

Chronic Myocarditis

Date of onset

10
years
old

Other contributory causes of importance:

Arteriosclerosis

Name of operation

none

Date of

What test confirmed diagnosis?

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.

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed)

Nature of injury

Manner of injury

Nature of injury

(Address)

Dr. E. E. Helmer, M.D.
Bronson Mo.

