REC'D FEB 16 1939

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

3569
Do not use this space.

1. PLACE OF DEATH
(a) County Polk
(b) Township Wishart
(c) City
Registration District No. 707
Primary Registration District No. 3-9361
Registered No. 11
(d) Street No. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(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 William D. Stevens
(a) Residence, No. 315 St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Ina Stevens

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 2 - 1863

7. AGE: Years 75 Months 3 Days 8 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Farmer
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) (STATE OR COUNTY): Ill.

FATHER
13. NAME: Samuel Stevens
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY): Ill.

MOTHER
15. MAIDEN NAME: Amanda Carter
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY): Ill.

17. INFORMANT (ADDRESS): Ina Stevens, Aldrich

18. BURIAL, CREMATION, OR REMOVAL
PLACE Enon DATE Aug 21 1938

19. FUNERAL DIRECTOR (ADDRESS): Hutchens & Blue, Bolivar Mo.

20. FILED Jan 21 1939 Mrs. Hattie M. Taylor, Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Aug 20 1938

22. I HEREBY CERTIFY, That I attended deceased from July 1935, to Aug 30 1938. I last saw him alive on Aug 18 1938. Death is said to have occurred on the date stated above, at 9 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Generalized Arteriosclerosis	?
Cerebral apoplexy	1936

Other contributory causes of importance: $7 M

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? No
If so, specify .....
(Signed) Doyle C. McLean M. D.
(Address) 635 Bolivar Mo

(Licensed Embalmer's Statement on Reverse Side)

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 X12004

RECEIVED
District Health Officer No. 7,
District File Number 7-35-164
Date Filed 2-2-39

STATEMENT BY LICENSED EMBALMER

I, ..., Licensed Embalmer No.....

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

.....L. E.....

No.....or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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.)