REC'D APR 10 1939

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

10000
Do not use this space.

1. PLACE OF DEATH
(a) County Boone 2 Registration District No. 73
(b) Township Columbia Primary Registration District No. 3006 Registered No. 46
(c) City Columbia Mo (d) Street No. ~~305 Anderson~~ 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.

10
3
4

2. PRINT FULL NAME 315 Minnie Stevens
(a) Residence, No. 305 Anderson 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 F
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 J. B. Stevens
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 3, 1873
7. AGE YEARS 65 MONTHS 6 DAYS 28 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. Housewife
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) Ohio 1

FATHER
13. NAME George Long 1
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio 1

MOTHER
15. MAIDEN NAME Phoebe Householder
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

17. INFORMANT (ADDRESS) W. B. Jones 305 Anderson
18. BURIAL, CREMATION, OR REMOVAL
PLACE Mobenly DATE Mar 3rd 1939
19. FUNERAL DIRECTOR (ADDRESS) R. O. Willett
20. FILED 3/2/ 1939 Allie Selby Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 1st 1939
22. I HEREBY CERTIFY, That I attended deceased from Feb. 14, 1939, to March 1, 1939
I last saw her alive on March 1, 1939. Death is said to have occurred on the date stated above, at 11:00 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1938
Generalized Arteriosclerosis	?
Other contributory causes of importance: Hypertension	?

Name of operation ..... 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.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....
(Signed) James M. Baker, M. D.
74 (Address) Columbia, Mo.

(Licensed Embalmer's Statement on Reverse Side)

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD
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.
V. S. No. 2. 50M-7-20-37 I X12004

STATEMENT BY LICENSED EMBALMER

I, P. O'Neill, Licensed Embalmer No. 3183

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

L. E. Mitchell & Carter

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

working under my personal supervision.

Signed P. O'Neill

Licensed Embalmer No. 3183

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.)