

REC'D APR 13 1939

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

12544
Do not use this space.

1. PLACE OF DEATH *2*
- (a) County *Stoddard* Registration District No. *838*
- (b) Township *Liberty* Primary Registration District No. *6098B*
- (c) City *Deerfield Mo R3* (d) Street No. _____ (If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
- (e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.
2. PRINT FULL NAME *363* *Robt James Stewart*
- (a) Residence, No. _____ St. (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*
6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Minnie V. Stewart*
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Aug 28 1877*
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. *61 6 28*
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. _____
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) *Johnson Co*
13. NAME *Smith W. Stewart*
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Aug 28 1877*
15. MAIDEN NAME *Lizzie Wilson*
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Johnson Co*
17. INFORMANT (ADDRESS) *Minnie V. Stewart Deerfield Mo R3*
18. BURIAL, CREMATION OR REGIONAL PLACE *New Bethel* DATE *3 29 39*
19. FUNERAL DIRECTOR (NAME) (ADDRESS) *Watkins Deerfield Mo*
20. FILED *4/10* 19. *39* *Jannie Burton* Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *3-26-39 10 19 39*
22. I HEREBY CERTIFY, That I attended deceased from *Nov 19 1898* to *March 26 1939*
- I last saw him alive on *March 27 1939*. Death is said to have occurred on the date stated above, at *10 P* m.
- The principal cause of death and related causes of importance were as follows:
- General Sepsis from the Edward Phases*
- Date of onset _____
- Other contributory causes of importance: *Chronic Pulmonary Tuberculosis & Small Pox*
- Name of operation _____ Date of _____
- What test confirmed diagnosis? *C* 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) *S. S. Clark*, M. D.
- (Address) *Deerfield Mo*
- 753*

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

50M-9-18-38 I X16605

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.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.)

If this body is not embalmed, above space should be left blank.