

Registration District No. 502

Primary Registration District No. 4305

Registrar's No. 27

1. PLACE OF DEATH: Home
 (a) County Lincoln
 (b) City or town Marselina
 (c) Name of hospital or institution:
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 In this community _____
 years, months or days

2. USUAL RESIDENCE OF DECEASED: 1
 (a) State Mo (b) County Lincoln
 (c) City or town Marselina
 (d) Street No. 600 n Kansas
 (e) If foreign born, how long in U. S. A.?

3. (a) PRINT FULL NAME Burnell Earl Stevenson
 8. (b) If veteran, name war X 8. (c) Social Security No. X

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Oct day 1
 year 1939 hour 6 minute 45 P.M.

4. Sex male 5. Color or race white
 6. (a) Single, widowed, married, divorced Single
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive X years
 7. Birth date of deceased July 14 1902
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 1934 to Oct 1 1939
 that I last saw him alive on Oct 1 1939
 and that death occurred on the date and hour stated above.

8. AGE: Years 37 Months 2 Days 27 If less than one day _____
 hr. _____ min. _____

Immediate cause of death Brochocystis
 Duration 161 gm

9. Birthplace Chariton Co Mo
 (City, town, or county) (State or foreign country)

Due to _____
 Due to _____
 Other conditions (Include pregnancy within 3 months of death) _____

10. Usual occupation Farmer
 11. Industry or business _____
 MOTHER FATHER { 12. Name Fredrick Remon Stevenson
 13. Birthplace Mo
 14. Maiden name Jessie Hatch
 15. Birthplace Mo

Major findings: _____
 Of operations _____
 Of autopsy _____
 Underline the cause to which death should be charged statistically

16. (a) Informant's own signature Flossie Stevenson
 (b) Address Marselina Mo
 17. (a) Burial (b) Date thereof Oct 3 1939
 (c) Place: burial or cremation Peden Chapel
 18. (a) Signature of funeral director James McLaughlin
 (b) Address Marselina Mo 1451
 19. (a) 10-3-39 (b) Miss Barber
 (Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
 While at work? _____ (Specify type of place)
 (e) Means of injury _____
 23. Signature G B Paton (M. D. or other) _____
 Address Kansas Date signed Oct 5

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

