

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.

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

Do not use this space.

AUG 11 1937

26249

1. PLACE OF DEATH

County *Jackson*  
Township *Jew*  
City *J. C.*

Registration District No. *399*

File No. *2032*

Primary Registration District No. *1002*

Registered No. *2032*

(No. *1406 E 10th*) St. *10th* Ward

2. FULL NAME

(a) Residence, No. *1406 E 10th* St.,  
(Usual place of abode)

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 *m.* 4. COLOR OR RACE *Col.* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Single*

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Jan. 5, 1883*

7. AGE YEARS *54* MONTHS *6* DAYS *2* If LESS than 1 day, .....hra. or .....min.

8. Trade, profession, or particular kind of work done, as splinner, sawyer, bookkeeper, etc. *Laborer*

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 occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Mo.*

13. NAME *Andrew Stephenson*

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

15. MAIDEN NAME *Lucy White*

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

17. INFORMANT *Hazel Curry* (ADDRESS) *2450 Highland*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Liberty Mo* DATE *7/10/37*

19. UNDERTAKER *Hathings Bros* (ADDRESS) *1729 Lytle*

20. FILED *Jey 10 '37* 1937 *M. M. Cronin* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *7/7/37* 19

22. I HEREBY CERTIFY That I attended deceased from

I last saw him ..... alive on ..... 19..... Death is said

to have occurred on the date stated above, ..... m.

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

*Chronic hypertensive myocarditis*

Other contributory causes of importance: *9.3 e*

Name of operation ..... Date of

What test confirmed diagnosis? ..... Was there any? *yes*

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?

If so, specify *Atk 4*

(Signed) *W. C. Cole*, M. D.

(Address) *W. C. Cole*

