

29840-1

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

Do not use this space.

29840-A

File No. 1932
Registered No. 12

1. PLACE OF DEATH

County *Moniteau*
Township *Linn*
City *Milton*

Registration District No. *574*
Primary Registration District No. *5722A*

2. FULL NAME

Milton Stevens

(a) Residence. No. St. Ward.

(Usual place of abode)

(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

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

male white widowed

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

Elizabeth Stevens

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

Jan 26 - 1837

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

95 7 8

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Missouri

10. NAME OF FATHER

John Stevens

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

unknown

12. MAIDEN NAME

Mary Pettigrew

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

unknown

14.

INFORMANT

(Address)

Ursula Fain
Lefuna Mo

15.

FILED

Ellis E. Ruck
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR)

Sept 4 1932

17.

I HEREBY CERTIFY, That I attended deceased from

1932 to 9-4-1932
that I last saw him alive on *9-3-1932*, and that death occurred, on the date stated above, at *11 A*

THE CAUSE OF DEATH WAS AS FOLLOWS:

Pneumonia

107A

CONTRIBUTORY (SECONDARY)

Influenza

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? *no* DATE OF *no*

WAS THERE AN AUTOPSY? *no*

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) *H. M. Smith*, M. D.

(Address) *Prairie Home Mo*

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Pettigrew Cems.

9-6-1932

20. UNDERTAKER

C. Albert Hornbeck
Prairie Home Mo.

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.

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