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

Do not use this space.

33287

1. PLACE OF DEATH

County Saline — Registration District No. 796 — File No.

Township — Primary Registration District No. 3038 — Registered No. 142

City Marshall (No. , St. , Ward)

2. FULL NAME Myrtle Stevenson

(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 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

OCT 29 1931

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	white	Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 22, 1880

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	50	8	16	

8. OCCUPATION OF DECEASED

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

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Cape Girardeau Mo
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Alphus C. Stevenson

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Mo.
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Julia Boren

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Mo.
(STATE OR COUNTRY)

14. INFORMANT State School Record
(Address) Marshall Mo.

15. FILED 9-13, 1931 Mrs. John H. McGuire
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 9-8 1931

17. I HEREBY CERTIFY, That I attended deceased from Aug. 25, 1931 to Sept. 8, 1931 that I last saw her alive on Sept. 7, 1931, and that death occurred, on the date stated above, at 2:50 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Gastric Carcinoma

(duration) 4 mos.

CONTRIBUTORY (SECONDARY) Carcinoma

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? No. DATE OF

WAS THERE AN AUTOPSY? No.

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) H. K. Pope, M. D.

9-8, 1931 (Address) Marshall 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

Bonhaulen Mo — Sept 10 1931

20. UNDERTAKER — ADDRESS

H. M. Campbell — Marshall

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.