1927

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

Do not use this space.

12725

1. PLACE OF DEATH

County St. Clair — Registration District No. 765 — File No.

Township — Primary Registration District No. 4460 — Registered No. 9

City Osceola (No. ..... St. ..... Ward)

2. FULL NAME ~~[illegible]~~ Stull Nellie Steeber Stoll

(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: F

4. COLOR OR RACE: W

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

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF: Jake Stull

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Don't know

7. AGE: Years 44 | Months | Days | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: house wife

(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

PARENTS

10. NAME OF FATHER: V. Steeber

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

12. MAIDEN NAME OF MOTHER: Sara D. Chenin

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

14. INFORMANT: Louis Steeber
(Address) Osceola

15. FILED 5/1, 1927 R. Seevers, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR) 4/25 1927

17. I HEREBY CERTIFY, That I attended deceased from April 15th, 1927, to April 28, 1927, that I last saw her alive on April 28, 1927, and that death occurred, on the date stated above, at 6-30 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Epithelioma on left temple and face

48 (duration) 3 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Gastro-Enteritis

52 (duration) ..... yrs. mos. 10 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? .....

0 DID AN OPERATION PRECEDE DEATH? no DATE OF .....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) A. C. Ward, M. D

4/26, 1927 (Address) Osceola

*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: Osceola Cem — DATE OF BURIAL: 4/27 1927

20. UNDERTAKER: [illegible] — ADDRESS: Osceola 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.