

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

Do not use this space.

30042

1. PLACE OF DEATH

County Glenn
Township Miller
City Desden

Registration District No. 313
Primary Registration District No. 5-432

File No.
Registered No.
St. Ward)

2. FULL NAME

(a) Residence. No. 1006 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 M 4. COLOR OR RACE W 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) 12-2-1904

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
17 10 15

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Domestic house
(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) Mo

10. NAME OF FATHER

Ernest Stegman

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Mo

12. MAIDEN NAME OF MOTHER

Sarah Maffitt

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Iowa

14.

INFORMANT Ernest Stegman

(Address) King City Mo

15.

Oct 20 1927 H. J. Patton
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 10-17-1927

17. I HEREBY CERTIFY That I attended deceased from Oct 14 1927, to Oct 17 1927, that I last saw him alive on Oct 17 1927, and that death occurred, on the date stated above, at 12 noon

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Polemonia (Acute Anterior)
16 22 yrs. mos. 3 ds.

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

8 IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Ans Paulette, M. D.
Oct 18 1927 Address King City 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

Barlins cemetery

DATE OF BURIAL

10-18 1927

20. UNDERTAKER

R. H. Taggart

ADDRESS

King City

