FEB 24 1928

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

Do not use this space.

3814

1. PLACE OF DEATH

County: Vernon Co — Registration District No.: 880 — File No.:

Township: Clear Creek — Primary Registration District No.: 6165 — Registered No.: 1 ~~25~~

City: ..... (No. ....., ... St. ..... Ward)

2. FULL NAME Charles Elonzo Steinbaugh

(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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec-28. 1862

7. AGE: YEARS 65 — MONTHS 00 — DAYS 25 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Farmer.
(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): Lafayette Ind.

PARENTS

10. NAME OF FATHER: Elias Steinbaugh
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Ohio
12. MAIDEN NAME OF MOTHER: Rachel Loney
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Ind.

14. INFORMANT: Mrs Belle Steinbaugh
(Address): Sederick Mo

15. FILED 1/8, 1928 — C B Davis, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR) 1 — 2 — 1928

17. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19....., that I last saw h. — alive on ....., 19....., and that death occurred, on the date stated above, at 12 30 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Sudden death mitral insufficiency,
no physician in attendance
I arrived a few minutes after death.

CONTRIBUTORY (SECONDARY) ..... (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) J W Dawson, M. D
1-2-, 1928 (Address) El Dorado Spgs 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: Stanton Neb. — DATE OF BURIAL: Jan 4 1928

20. UNDERTAKER: F C Nifus — ADDRESS: El Dorado Spgs 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.