

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

Do not use this space.

21172

1. PLACE OF DEATH

County Linn  
Township Marceline  
City Marceline (No. ....)

Registration District No. 512  
Primary Registration District No. 1305

File No. ....  
Registered No. 20  
St. .... Ward)

2. FULL NAME

Anthony C Steffes

(a) Residence. No. .... St. .... Ward. ....  
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da. (If nonresident give city or town and State)

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 22 1859

7. AGE. YEARS MONTHS DAYS IF LESS than day, hrs. or min.  
69 4 0

8. OCCUPATION OF DECEASED

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

10. NAME OF FATHER Christian Steffes

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

12. MAIDEN NAME OF MOTHER Mary Klein

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

14. INFORMANT (Address) Joseph H Steffes  
W. C. Steffes

15. FILED. 6/25 1928 Old Putmen REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 22, 1928

17. I HEREBY CERTIFY, That I attended deceased from June 10, 1928 to June 21, 1928 that I last saw her alive on June 21, 1928, and that death occurred, on the date stated above, at 9:17 P.M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

uræmia  
129 W (duration) 14 da.  
CONTRIBUTORY Chronic interstitial nephritis (SECONDARY) (duration) 2 yrs. .... mos. .... da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH: .....

DID AN OPERATION PRECEDE DEATH? No DATE OF .....

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS? (Signed) J. P. Steffes, M. D. 6/25, 1928 (Address) Marceline, 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  
MT St Marys June 25, 1928

20. UNDERTAKER ADDRESS  
Jas M Kraughlin Marceline Mo

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

