

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

18909

1. PLACE OF DEATH

County Madison
Township Barnard Mo
City Barnard Mo (No. St. Ward)

Registration District No. 617
Primary Registration District No. 4368

File No.
Registered No. 14

2. FULL NAME Raymond Russel Steed

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

Length of residence in city or town where death occurred yrs. 8 mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

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

Georgia Steed

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

Nov 10 1889

7. AGE

YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
39	6	8	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Foreman for Contractor
(b) General nature of industry, business, or establishment in which employed (or employer) Employed by J. H. Mc Lane and Son, Jr.
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

Martinville

(STATE OR COUNTRY) Missouri

10. NAME OF FATHER

Amos K. Steed

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

West Virginia

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

Rebecca Dumb

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Pennsylvania

(STATE OR COUNTRY)

14. INFORMANT

Cora Steed
(Address) Barnard, Missouri

15. FILED

5/20 29 Chas D Humbert (REGISTRAR)

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 5-18 1929

17. I HEREBY CERTIFY That I attended deceased from May 30, 1929, to May 18, 1929, that I last saw him alive on May 18, 1929, and that death occurred, on the date stated above, at 7:15 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cancer of the Oesophagus
Bladder & Stomach
4 4 10 yrs. 6 mos. 15 da.

CONTRIBUTORY (SECONDARY) 4 4 10 (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH: do not know

DID AN OPERATION PRECEDE DEATH? no DATE OF —

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? —

(Signed) D. A. Beard, M. D.

5/20, 1929 (Address) Barnard 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. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

Barnard (Mo) Cemetery DATE OF BURIAL May 20 1929

20. UNDERTAKER

W. D. Campbell ADDRESS Barnard Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS should state EXACTLY. AGE should be stated EXACTLY. Exact statement of OCCUPATION is very important.

37
1
2
2

Revised United States Standard Certificate of Death

(Approved by U. S. Census and American Public Health Association.)

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive Engineer, Civil Engineer, Stationary Fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework* or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)* For persons who have no occupation whatever, write *None*.

Statement of Cause of Death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report

"Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc.; *Carcinoma, Sarcoma*, etc., of.....(name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasma); *Measles, Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from child-birth or miscarriage, as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning; struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*), may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

NOTE.—Individual offices may add to above list of undesirable terms and refuse to accept certificates containing them. Thus the form in use in New York City states: "Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, crystalin, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus." But general adoption of the minimum list suggested will work vast improvement, and its scope can be extended at a later date.

ADDITIONAL SPACE FOR FURTHER STATEMENTS
BY PHYSICIAN.

107 15 1944 5 DEC 5 1944

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

State File No. 18909-29

State of Kansas
County of Greenwood } ss.

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. _____

On this 15th day of November, 194 , before me appears Georgia Steed

Hall, who, upon her oath, states that the original record of ~~birth~~ death for Raymond Russell Steed, died born 5-18-29, 19 , in the State of Missouri, and which was filed at Barvard, Missouri on May 20, 1929, should be corrected as follows:

Item No. 5A should read Georgia Steed

Instead of Cora Steed

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

The above is true to the best of my knowledge, information and belief.

(SEAL) Affiant. Mrs. Georgia Steed Hall
Relationship. (Former wife)
Leou, Kansas
Present Address.

Subscribed and sworn to before me this 15th day of November, 194 .

My Commission expires March 19, 1943, Edward A. Berroja Notary Public

Affidavits containing erasures will not be accepted through error and write above.

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