

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

Do not use this space.

24472

**1. PLACE OF DEATH**

County Jackson Registration District No. 398  
 Township Blue Primary Registration District No. 3019  
 City Independence (No. Independence Sanatorium St. \_\_\_\_\_ Ward)

File No. \_\_\_\_\_

Registered No. 2

**2. FULL NAME**

Elsie Elizabeth Steferman  
 (a) Residence No. 9803 Kentucky 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 <u>F</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>John Steferman</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Aug 24, 1890</u>		
7. AGE YEARS <u>38</u>	MONTHS <u>11</u>	DAYS <u>1</u>
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Housewife</u> (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) <u>Ill.</u>		
10. NAME OF FATHER <u>Charles Carlson</u>		
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Sweden</u>		
12. MAIDEN NAME OF MOTHER <u>Elyse Rhuckhine</u>		
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Ill.</u>		
14. INFORMANT <u>John Steferman</u> (Address) <u>9303 Kentucky Ave.</u>		
15. FILED <u>7-25-29</u> <u>FL Cook</u> REGISTRAR		

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 25 July 1929

17. I HEREBY CERTIFY, That I attended deceased from July 1, 1929 to July 25, 1929 that I last saw him alive on July 24, 1929, and that death occurred, on the date stated above at \_\_\_\_\_ m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Toxic heart & Myocarditis  
 (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
 CONTRIBUTORY Toxic heart  
 (SECONDARY) (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

18. WHERE WAS DISEASE CONTRACTED  
Ill.  
 IF NOT AT PLACE OF DEATH \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? yes DATE OF 7/17/29

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clueval + Lab.  
 (Signed) Stefferson M. D.  
7-25-1929 (Address) 10309 Independence Kansas

\*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  
Mt. Washington DATE OF BURIAL July 27 1929

20. UNDERTAKER  
Bledman & Son ADDRESS 2825 Indep Blvd.

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.

1929  
82948

2235  
224  
2

