

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

Do not use this space.

30479

1. PLACE OF DEATH

County Franklin
Township Bosny
City Farmers (No.)

Registration District No. 293
Primary Registration District No. 5410

File No.
Registered No.
St. Ward)

2. FULL NAME

Bernard Steffen

(a) Residence No.
(Usual place of abode)
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. (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 Mr. Ida Steffen

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 2 - 1858

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	71	4	25	

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) Rosie Bend
(STATE OR COUNTRY) Mo

10. NAME OF FATHER Herkunor

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

12. MAIDEN NAME OF MOTHER Herkunor

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

14. INDEMNITY St. J. Steffen
Blackwood Kansas

15. FILED 9/28 1929 A. Thubbe REGISTRAR

MEDICAL CERTIFICATE OF DEATH

4 AM

16. DATE OF DEATH (MONTH, DAY AND YEAR) 9-27-1929

17. I HEREBY CERTIFY, That I attended deceased from 9-20-1929, to 9-27-1929, that I last saw him alive on 9-27-29, and that death occurred, on the date stated above, at 4 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Mitral Insufficiency
7 mo (duration) yrs. mos. 7 ds.

CONTRIBUTORY (SECONDARY) 90% (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTACTED
IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) W.F. Binsack, M. D.

9-27-1929 (Address) New Haven 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 Berger Mo DATE OF BURIAL SEP 30 1929

20. URBERTAKER Berger Mo ADDRESS Berger 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.

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

