

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

Do not use this space.

613
2nd 2
File No. _____
Registered No. ~~100~~ 4
St. _____ Ward)

1. PLACE OF DEATH

County Cooper Registration District No. 219
Township Palestine Primary Registration District No. 15301
City _____ (No. _____)

2. FULL NAME

Lillian Lucile Stegner

(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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Frank C Stegner</u>				
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>April 11th 1893</u>				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>36</u>	<u>9</u>	<u>18</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 _____				

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 29th 1930

17. I HEREBY CERTIFY, That I attended deceased from Jan 25, 1930, to Jan 29, 1930 that I last saw h. or alive on Jan 29 and that death occurred, on the date stated above, at 5 o'clock p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute Myocarditis
93A (duration) yrs. mos. 4 ds.
CONTRIBUTORY (SECONDARY) GB (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED _____
IF NOT AT PLACE OF DEATH _____

19. DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

20. WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS _____ (Signed) H. S. Barnes, M. D.

(Address) Blue Cross 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.

9. BIRTHPLACE (CITY OR TOWN) Atlanta
(STATE OR COUNTRY) Illinois

10. NAME OF FATHER Wm H. Kinser

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

12. MAIDEN NAME OF MOTHER Amanda H. Robinson

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

14. INFORMANT Francis C. Stegner
(Address) Boonville RR # 4

15. FILED 2/9, 1930 Hattie Popham
REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Billingville St John Cemetery DATE OF BURIAL Feb 2, 1930

20. UNDERTAKER Schwartzky Meister ADDRESS Boonville 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.

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