

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

Do not use this space.

1378

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township Kaw Primary Registration District No. 1002
City Kansas City (No. St. Joseph Hosp.) St. _____ Ward _____

File No. _____
Registered No. 370

2. FULL NAME Jessie J.N. Steven.

(a) Residence. No. Shelton Nebr. St. _____ Ward _____
(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 F. 4. COLOR OR RACE Wh. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widow.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mch. 28, 1862.

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
67 9 28

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife.
(b) General nature of industry, business, or establishment in which employed (or employer) ||
(c) Name of employer ||

9. BIRTHPLACE (CITY OR TOWN) Mammoth
(STATE OR COUNTRY) Ill.

10. NAME OF FATHER Nichols.

11. BIRTHPLACE OF FATHER (CITY OR TOWN) No-record.
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Rachael Burr.

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) No-record.
(STATE OR COUNTRY)

14. INFORMANT Glenn A. Steven
(Address) 1707 Rosedale Drive.

15. Jan 26 1930 M.M. Crowe
FILED REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 26 19 30

17. I HEREBY CERTIFY, That I attended deceased from Jan 11 1930, to Jan 26 1930
that I last saw h. _____ alive on _____ 1930, and that death occurred, on the date stated above, at 9:00 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Uremia
32.5 (duration) _____ yrs. _____ mos. _____ ds.
CONTRIBUTORY (SECONDARY) Hypertension & arteriosclerosis
(duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED _____
IF NOT AT PLACE OF DEATH _____
DID AN OPERATION PRECEDE DEATH? no DATE OF _____
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? renal
(Signed) Geo. E. Krappfussberger, M. D.
1/26, 1930 (Address)

*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 Shelton Nebr. DATE OF BURIAL Jan 28 19 30
20. UNDERTAKER H.W. Gates ADDRESS K.C.Ks.

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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