

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

Do not use this space.

15830

1. PLACE OF DEATH

County Putney Registration District No. 311
Township Pogue Primary Registration District No. 4438
City (No.) St. Ward)

File No.
Registered No.
St. Ward)

2. FULL NAME Mary Steigelman

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widow

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

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

17. I HEREBY CERTIFY, That I attended deceased from May 1 1930, to May 29 1930 that I last saw alive on May 29 1930, and that death occurred, on the date stated above, at m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 27 - 1835

THE CAUSE OF DEATH* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAY If LESS than 1 day, hrs. or min.
94 9 2

Mitral insufficiency
927

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

CONTRIBUTOR (SECONDARY) POW
(duration) yrs. mos. ds.

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn.

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

10. NAME OF FATHER Benj Sewell

DID AN OPERATION PRECEDE DEATH? no DATE OF none

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

WAS THERE AN AUTOPSY? no

12. MAIDEN NAME OF MOTHER May Steys

WHAT TEST CONFIRMED DIAGNOSIS? (Signed) Dr. J. Williamson, M. D.

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

5-29-1930 (Address) Putney, Mo.

14. INFORMANT Martha McCampbell (Address) Putney, 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.

15. FILED 5/29/30 Dr. J. Williamson REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Hugginsville DATE OF BURIAL May 31 1930

20. UNDERTAKER A. J. Base ADDRESS Albany,

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.

1930

