

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

Do not use this space.

✓ 710

1. PLACE OF DEATH

County Dallas Co
Township Wilson
City Complaine (No.)

Registration District No. 247
Primary Registration District No. 5348

File No.
Registered No. 1 St. Ward)

2. FULL NAME Steelborn

(a) Residence No. 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 male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) single

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, 10 hrs. or min. 1

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Dallas Co (STATE OR COUNTRY) Missouri

10. NAME OF FATHER Sam Jasper

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

12. MAIDEN NAME OF MOTHER Zelda Williams

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

14. INFORMANT (Address) Sam Jasper Buffalo Mo

15. FILED 2-10-1931 L. P. Palbot REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15. DATE OF DEATH (MONTH, DAY AND YEAR) 1-11-1931

17. I HEREBY CERTIFY, That I attended deceased from 19..... to 19..... that I last saw him alive on 1-11, 1931, and that death occurred, on the date stated above, at 9 a.m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Don't know did several hours after birth forceps delivery

16. CONTRIBUTORY (SECONDARY) 1100B (duration) yrs. mos. ds. 200B (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) V. H. Greenwood, M. D.

(Address) Buffalo Mo

State the DISEASE CAUSING DEATH, 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 Union Home DATE OF BURIAL 1-12-1931

20. UNDERTAKER L. B. Jones Buffalo Mo ADDRESS

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.

FEB 18 1931

