

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

Do not use this space.

39248

1. PLACE OF DEATH

County..... Registration District No. 701
Township St. Louis Primary Registration District No. 11426
City..... (No. 1900 Carr 11426) St. Ward)

File No.
Registered No. 11426
St. Ward)

2. FULL NAME Minnie Steen

(a) Residence. No. 1900 Carr St., 21 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 Female 4. COLOR OR RACE Cal 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 15-1906

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
25 23

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work. House work
(b) General nature of industry, business, or establishment in which employed (or employer).....
(c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN) Canton
(STATE OR COUNTRY) Miss.

10. NAME OF FATHER J Henry Washington

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

12. MAIDEN NAME OF MOTHER Sarah Doiel

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

14. INFORMANT. Mellie Steen
(Address) 40 100 - 2nd St

15. FILED NOV 14 1931 W. E. Stevens
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 11-8 1931

17. I HEREBY CERTIFY, That I attended deceased from 10-5 1931, to 11-8 1931, and that I last saw him alive on 11-8 1931, and that death occurred, on the date stated above, at 2 P.M. m.

THE CAUSE OF DEATH WAS AS FOLLOWS:
Cerebral Hemorrhage
Appended to Indurated
Follicles
(duration) yrs. mos. 30 ds.

CONTRIBUTORY (SECONDARY) Suggested Cause
Dent Fracture
(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? clinical symptoms
(Signed) J. W. Wolfarth M. D.

, 19 (Address) 1001 1/2 Jefferson

*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 Canton Miss
DATE OF BURIAL Nov. 15 1931

20. UNDERTAKER W. E. Richardson
ADDRESS 3015 Bell, av.

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.

