

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

Do not use this space.

15807

1. PLACE OF DEATH
 37 County GASCONADE Registration District No. 304
 Township Richland Primary Registration District No. 0721
 City GASCONADE (No.) St. Ward

2. FULL NAME WILLIAM AUGUST STEPHAN
 (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.

File No.
 Registered No. 15

PERSONAL AND STATISTICAL PARTICULARS

3. SEX MALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MARRIED

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) FEB-27-1881

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
51 2 19

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. MECHANIC
 OCCUPATION 65

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. BOAT YARDS

10. Date deceased last worked at this occupation (month and year) APR-1932 11. Total time (years) spent in this occupation. 16 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) CHAMMOIS MO

FATHER 13. NAME JOHN STEPHAN
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GERMANY MO

MOTHER 15. MAIDEN NAME ANNA SMITH
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN MO

17. INFORMANT Ida Stephan
 (ADDRESS) GASCONADE, MO

18. BURIAL, CREMATION, OR REMOVAL PLACE GASCONADE CEM DATE 5/17 1932

19. UNDERTAKER H. BLUMER
 (ADDRESS) HERMANN, MO

20. FILED 5-18 1932 F. L. Kiker
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 15 1932

22. I HEREBY CERTIFY, That I attended deceased from April 9 1932 to May 15 1932
 I last saw him alive on May 15 1932. Death is said to have occurred on the date stated above, at 3:25 P.M.
 The principal cause of death and related causes of importance were as follows:
Typhoid Fever
 Date of onset

Other contributory causes of importance:
⊕

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury 19.....
 Where did injury occur? (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify
 (Signed) W. D. Bourley, M. D.
 (Address) Chammois, MO

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

MAY 24 1932

