

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

Do not use this space.

18469

1. PLACE OF DEATH
 108 County Vernon Registration District No. 874
 Township Manchester Primary Registration District No. 6157
 City Bronaugh (No. _____) St. _____ Ward _____

2. FULL NAME Mary E Steffler
 (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 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>F</u>	4. COLOR OR RACE <u>W.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Wife of John Steffler</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept 7 1880</u>		
7. AGE <u>81</u>	YEARS	MONTHS
		DAYS
		LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Home Keeper</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Springfield Mo 2</u>		
FATHER	13. NAME <u>Joseph Frank</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ill</u>	
MOTHER	15. MAIDEN NAME <u>Livina Faith</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo 31</u>	
17. INFORMANT (ADDRESS) <u>Nellie Gregory Bronaugh Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Deerfield Mo</u> DATE <u>May 16 1932</u>		
19. UNDERTAKER (ADDRESS) <u>Thos Ma Nevada Mo</u>		
20. FILED <u>5-16-1932</u> <u>Ma Barber</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-15-1932

22. I HEREBY CERTIFY, That I attended deceased from 4-26-1932, to 5-14-1932
 I last saw her alive on 5-14-1932 Death is said to have occurred on the date stated above, at 8 A.M.
 The principal cause of death and related causes of importance were as follows:
myocarditis
936
11-9-32
 Other contributory causes of importance:
Influenza (D) 4-26-32
 Name of operation none Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? no
 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.
 Manner of injury _____
 Nature of injury _____
 24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) J. D. Combo M. D.
 (Address) Bronaugh 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.

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