

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

Do not use this space.

19180

1. PLACE OF DEATH

County Franklin
Township St. John
City Near Washington (No.)

Registration District No. 2874
Primary Registration District No. 2874

File No.
Registered No. 47 (Ward)

2. FULL NAME Nicolaus John Steffens

(a) Residence. No. R.F.D. #2, Washington, Mo. Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 4 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) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or WIFE OF) Carolina Steffens

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 2, 1842

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
90 4 1

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) Retired Farmer
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Cux Hafen (STATE OR COUNTRY) Germany 10

10. NAME OF FATHER John Steffens

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Cux Hafen (STATE OR COUNTRY) Germany

12. MAIDEN NAME OF MOTHER Not known

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Not known 31 (STATE OR COUNTRY)

14. INFORMANT Mrs. Emma Steffens Brinker (Address) R.R. #2, Washington, Mo.

15. June 5, 1932 E. T. M... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 3, 1932

17. HEREBY CERTIFY, That I attended deceased from April 13, 1932 to June 3, 1932, that I last saw him alive on June 2, 1932 and that death occurred, on the date stated above, at 7 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Bronchitis

106B 106B (duration) 1 yrs. 6 mos. ds.

CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH Place of death

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? No

(Signed) J. D. Mangin, M. D. (Address) Washington 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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL St. Peter's Cemetery Washington, Mo. DATE OF BURIAL June 4, 1932

20. UNDERTAKER Otto & Co., Washington, Mo. ADDRESS

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. FIFTEEN-YEAR-AGE STATEMENT OF OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JUL 22 1932

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