

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

Do not use this space.

982

**1. PLACE OF DEATH**

39 County Iraue Registration District No. 318  
 3 Township \_\_\_\_\_ Primary Registration District No. 2001  
 5 City Springfield (No. \_\_\_\_\_) Springfield Baptist Hosp. St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
 Registered No. 251

**2. FULL NAME**

(a) Residence, No. Railroad Brookline St., \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 61 yrs. mos. ds. How long in U. S., if of foreign birth? \_\_\_\_\_ yrs. mos. ds.

**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 Mrs. Anna Steury  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) November 27, 1851  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
81 1 8

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Farmer  
 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 \_\_\_\_\_

MOTHER 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Interlaken Switzerland

FATHER 13. NAME Peter Steury

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Yverdon Switzerland

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Switzerland

17. INFORMANT (ADDRESS) P. C. Steury Springfield, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Raglandwood DATE Jan 8, 1933

19. UNDERTAKER (ADDRESS) J. C. Whieys 1003 Bonville Ave.

20. FILED 1-7 1933 Ralph J. Jennings Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 5, 1933  
 22. I HEREBY CERTIFY That I attended deceased from July 19, 1930, to Jan 5, 1933  
 I last saw him alive on Jan 5, 1933. Death is said to have occurred on the date stated above, at 9 P.M.  
 The principal cause of death and related causes of importance were as follows:

133A  
Chronic Arthritis  
Stones Pyelo-Nephritis  
 Date of onset \_\_\_\_\_  
 Other contributory causes of importance: 133B

Name of operation \_\_\_\_\_ 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? \_\_\_\_\_  
 If so, specify \_\_\_\_\_ (Signed) Lee Cox, M. D.  
 (Address) 223 1/2 South

EXHIBIT in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

FEB 27 1933

