

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

Do not use this space.

26664

**1. PLACE OF DEATH**

County JACKSON Registration District No. 399  
 Township KAW Primary Registration District No. 1002  
 City KANSAS CITY (No. 2942; PROSPECT) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

CHARLES A STEFFENS

(a) Residence, No. 2942-PROSPECT St., \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. da. How long in U. S., if of foreign birth 53 yrs. mos. da.

**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. AMANDA STEFFENS

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) OCTOBER 14 1865

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>67</u>	<u>10</u>	<u>12</u>	

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

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) 1923 11. Total time (years) spent in this occupation 41 yrs.

12. BIRTHPLACE (CITY OR TOWN) HAMBURG  
 (STATE OR COUNTRY) GERMANY

13. NAME UNKNOWN STEFFENS

14. BIRTHPLACE (CITY OR TOWN) UNKNOWN  
 (STATE OR COUNTRY) UNKNOWN

15. MAIDEN NAME UNKNOWN

16. BIRTHPLACE (CITY OR TOWN) UNKNOWN  
 (STATE OR COUNTRY) UNKNOWN

17. INFORMANT MRS. AMANDA STEFFENS  
 (ADDRESS) 2942-PROSPECT AVE

18. BURIAL, CREMATION, OR REMOVAL PLACE FOREST HILL DATE AUGUST 28, 1933

19. UNDERTAKER D.W. NEWCOMER'S SONS  
 (ADDRESS) KANSAS CITY, MISSOURI

20. FILED 8/28 1933 M. J. Green Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) AUGUST 26, 1933

22. I HEREBY CERTIFY, That I attended deceased from 8/10 1932 to Aug 26 1933

I last saw him alive on Aug 25 1933 Death is said to have occurred on the date stated above, at 12:35A.

The principal cause of death and related causes of importance were as follows:

Acute Nephritis  
97  
 Other contributory causes of importance: arterio sclerosis 1930  
 Date of onset Sept 5

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? clinical 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 ✓ 1933

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 acute nephritis M. D.  
 (Address) 908 Church St. City, Mo

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.

SEP 26 1933

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THIS IS A PERMANENT RECORD

908 Chambers Bldg.

11:30-5