

25 1934

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

Do not use this space.

Dr. P. W. Fitzgerald  
93  
8597

1. PLACE OF DEATH

39 County Greene Registration District No. 378  
Township Springfield Primary Registration District No. 2001 File No. 8597  
City Springfield, Mo. (Not) St. James Hospital Registered No. 8597 (Ward)  
2. FULL NAME Allie Elvira Steury  
(a) Residence, No. Brookline No. 4 St. 4 Ward. (If nonresident, give city or town and State)  
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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 John E. Steury  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 11 - 1884  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
50 1 5  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None  
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) Greene, Mo.  
13. NAME Dr. W. Campbell  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.  
15. MAIDEN NAME Serena Miller  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn.  
17. INFORMANT (ADDRESS) John E. Steury (hus)  
Brookline No. 4  
18. BURIAL, CREMATION, OR REMOVAL PLACE Hazelwood DATE March 18, 1934  
19. UNDERTAKER (ADDRESS) Oliver J. Meyer  
Springfield, Mo.  
20. FILED 3-20 1934 Springfield, Mo.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 16, 1934  
22. I HEREBY CERTIFY, That I attended deceased from Mar. 15, 1934, to March 17, 1934  
I last saw him alive on March 16, 1934 Death is said to have occurred on the date stated above, at 11 P. m.  
The principal cause of death and related causes of importance were as follows:  
Cerebral hemorrhage Date of onset 3/17/34  
50  
82A  
50  
Other contributory causes of importance:  
Cancer Breast 1 yr.  
Name of operation Mastectomy Date of 3/15/34  
What test confirmed diagnosis? None 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 None  
Nature of injury None  
24. Was disease or injury in any way related to occupation of deceased?  
If so, specify None  
(Signed) P. W. Fitzgerald M. D.  
(Address) Medical Arts Bldg  
Springfield, 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.

57 25  
5  
—  
20  
5-