

Steinmetz James Nelson

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Dunklin Registration District No. 284 50
 Township Ferman Primary Registration District No. 4168
 City (No. _____) St. _____ Ward _____

File No. 23965
 Registered No. 9

2. FULL NAME

(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 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Victoria E. Gum</u>			
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan. 11 - 1868</u>			
7. AGE YEARS <u>66</u>	MONTHS <u>5</u>	DAYS <u>28</u>	If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>922 myocardial insufficiency</u>	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Farmer 922</u>
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation <u>10 1/2</u>

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Ky.

FATHER 13. NAME William Gum

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
D.K.

MOTHER 15. MAIDEN NAME
D.K.

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
D.K.

17. INFORMANT (ADDRESS)
Geo Harris Clarkton Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE (ADDRESS) DATE
Stanfield Mo 7-11-34

19. UNDERTAKER (ADDRESS)
W.H. Doby Holcomb Mo.

20. FILED 7-9-34 J. B. Steinmetz Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 9th 1934
 22. I HEREBY CERTIFY, That I attended deceased from May 22, 1934, to May 25, 1934
 I last saw him alive on in June (P), 1934 Death is said to have occurred on the date stated above, at 11:30 a.m.
 The principal cause of death and related causes of importance were as follows:

Date of onset _____

myocardial insufficiency
senility
chronic myocardiosis.

Other contributory causes of importance
93E

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

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) Franc Egons, M. D.
 (Address) Bideron, 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.

AUG 13 1934

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