

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

Do not use this space.

25041

**1. PLACE OF DEATH**

County Jasper Registration District No. 406  
 Township Waco Primary Registration District No. 5560  
 City Waco (No. Waco) St. Mo. Ward 5

**2. FULL NAME**

(a) Residence, No. Garrett Stegins St. Mo. Ward. 5  
 (Usual place of abode)  
 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**

SEX <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov 1 - 1883</u>		
7. AGE	YEARS <u>50</u>	MONTHS <u>8</u>
	DAYS <u>2</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>Mines</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>✓</u>	
	10. Date deceased last worked at this occupation (month and year) <u>✓</u>	
	11. Total time (years) spent in the occupation <u>Rawlins City, Kansas</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Europe</u>		
FATHER	13. NAME <u>Arnold Stegins</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Europe</u>	
MOTHER	15. MAIDEN NAME <u>No record</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Europe</u>	
17. INFORMANT (ADDRESS) <u>Mrs Geo Stegins</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Fairview</u> DATE <u>7/5/34</u>		
19. UNDERTAKER (ADDRESS) <u>Heurich &amp; Lind</u>		
20. FILED <u>July 4 1934</u> <u>C. W. Brown</u> Registrar		

**2 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 3 1934

I HEREBY CERTIFY that I attended deceased from June 30 34 to July 3 - 34  
 I last saw him alive on July 13 10 1934 Death is said to have occurred on the date stated above at 2 m.  
 The principal cause of death and related causes of importance were as follows:

Cardiac Failure  
11/3  
 Date of onset

Other contributory causes of importance:  
Influenza  
Substernal

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) H. G. Hogan, M. D.  
 (Address) near City 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.

