

SEP 10 1934

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

Do not use this space.

1. PLACE OF DEATH

County Bunklin Registration District No. 282  
Township Union Primary Registration District No. 5401  
City (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. 28833  
Registered No. 40

2. FULL NAME

Catherine Steiner  
(a) Residence, No. Campbell Mo St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode) (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 <u>Female</u>	4. COLOR OR RACE <u>W</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>Chas. F Steiner</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov 17-1869</u>		
7. AGE YEARS <u>64</u>	MONTHS <u>9</u>	DAYS <u>9</u>
If LESS than 1 day, _____ hrs. or _____ min.		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>at home</u>		
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) <u>1934</u>		11. Total time (years) spent in this occupation _____
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>		
13. NAME <u>Anton Steiner</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>		
15. MAIDEN NAME _____		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>		
17. INFORMANT (ADDRESS) <u>Chas. F Steiner</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>In home</u> DATE <u>Aug 29 1934</u>		
19. UNDERTAKER (ADDRESS) <u>Edw. Landwehr</u>		
20. FILED <u>8/27 1934</u> <u>Edw Landwehr</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 26 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 19 1934 to Aug 26 1934  
I last saw h. alive on Aug 26 1934 Death is said to have occurred on the date stated above, at 11:30 P.M.  
The principal cause of death and related causes of importance were as follows:  
Sclerosis - Date of onset \_\_\_\_\_  
556  
540 99

Other contributory causes of importance:  
uterine cancer  
possibly Fibrous

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? No  
If so, specify \_\_\_\_\_  
(Signed) John L Brown, M. D.  
(Address) Campbell Mo

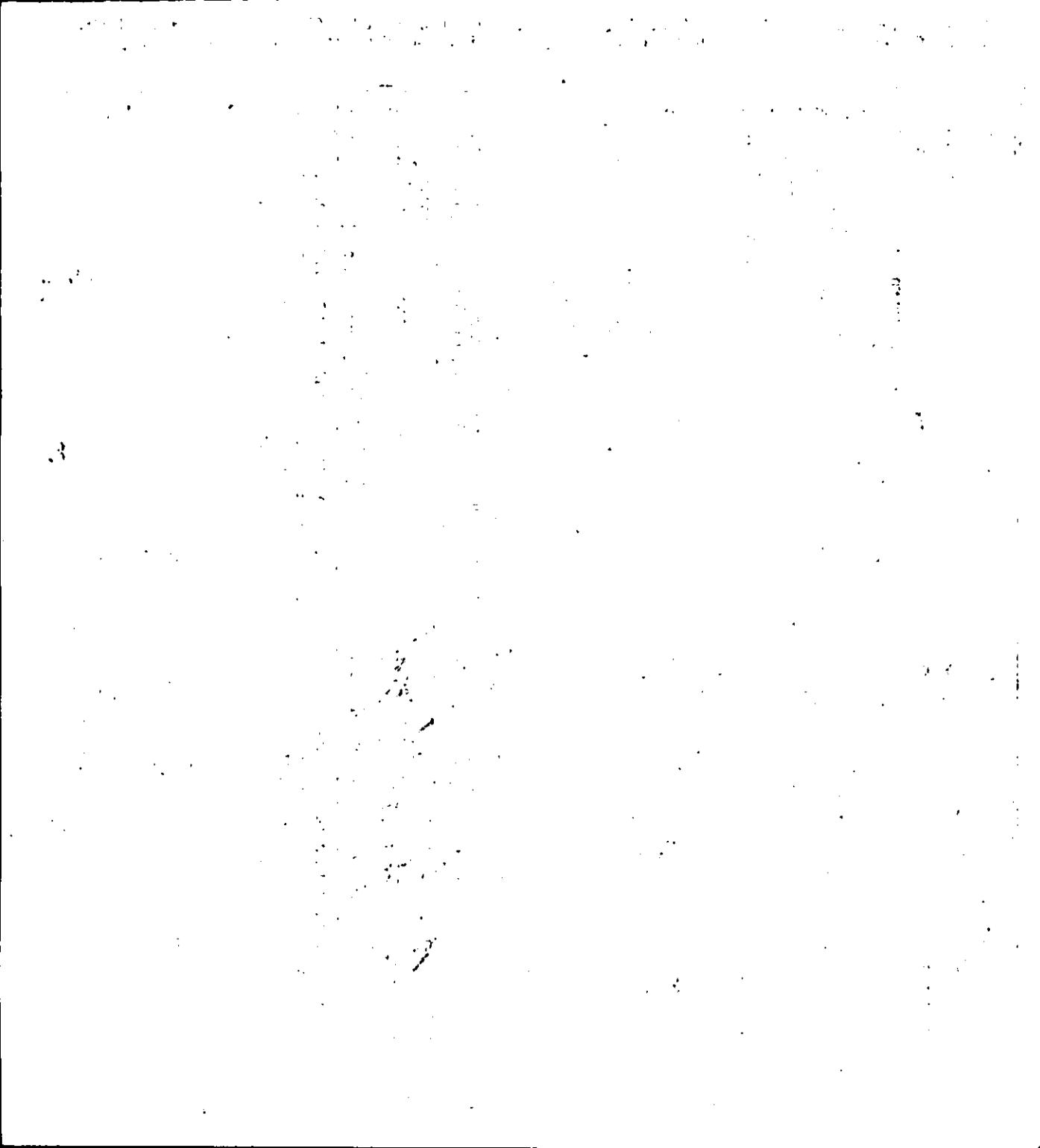
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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#2 *Dunklin.*

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
WASHINGTON

E. T. McGaugh, M. D.,  
Special Agent,  
Jefferson City, Mo.  
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Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: *Catherine Steiner*  
Who died at \_\_\_\_\_ on *Aug-26-1934*  
Residence: No. \_\_\_\_\_ St. \_\_\_\_\_  
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_  
Sex *F* Color or race *W* ~~Single, married, widowed or divorced:~~ \_\_\_\_\_

Date of birth \_\_\_\_\_ Age: Years *64* Months *9* Days *9*

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. \_\_\_\_\_  
(b) Industry or business in which work was done, as silk mill, saw mill, bank, etc. *54 ju*

Date deceased last worked at this occupation: Month \_\_\_\_\_ Year \_\_\_\_\_  
Birthplace (State or country) \_\_\_\_\_  
Birthplace of father (State or country) *Schloss (Arterio)*  
Birthplace of mother (State or country) *I don't know*  
Principal cause of death: *Phenol not malignant*

Other contributory causes of importance *uterine tumor possibly*  
Name of operation \_\_\_\_\_ Date of *Fibrous*  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_  
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 \_\_\_\_\_  
Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
If so, specify \_\_\_\_\_  
Name of physician \_\_\_\_\_  
Address of physician \_\_\_\_\_  
Signature of Registrar *E. T. McGaugh* Date filed \_\_\_\_\_

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Reg. Dist. No. *282*

Very truly yours,

Primary Reg. Dist. No. *5401-*

*E. T. McGaugh, M.D.*  
Special Agent.

STATEMENT OF EXPENSES

FOR THE YEAR ENDING 1954

ADMINISTRATIVE

S-28833

1954 FISCAL YEAR

Receipt Account