

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

Do not use this space.

15313

JUN 4 1935

1. PLACE OF DEATH
 County Madison Registration District No. 840
 Townshp. Beck's Creek Primary Registration District No. 6102
 City (No. St. Ward)

2. FULL NAME Ernesta Dean Stepterson
 (a) Residence, No. Rurico Mo - St. N. R. # 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 W
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Single
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 1, 1929
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
5 7 14
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 7
 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) MO. - Rurico
 13. NAME Ernesta Stepterson
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill
 15. MAIDEN NAME Patric Henley
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo. -
 17. INFORMANT (ADDRESS) Martine Cooley Rurico Mo
 18. BURIAL, CREMATION, OR REMOVAL PLACE Rook Hill DATE 4-17 1935
 19. UNDERTAKER (ADDRESS) Home Made Caskets
 20. FILED 4/15 1935 Thomas B. Hawks Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-15 1935
 22. I HEREBY CERTIFY, That I attended deceased from 4-14 1935 to 4-15 1935
 I last saw her alive on 4-15 1935. Death is said to have occurred on the date stated above, at 4:30 P m.
 The principal cause of death and related causes of importance were as follows:
Empysem pneumonia Date of onset
 Other contributory causes of importance
 Name of operation Date of
 What test confirmed diagnosis? Was there an autopsy? 76
 23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury, 1935
 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) N. L. Greathouse, M. D.
 (Address) Rurico 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.

WHILE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

