

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.

JUN 20 1935

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

Do not use this space.

1. PLACE OF DEATH

County Gentry
Township Milled
City Farmington

Registration District No. 313
Primary Registration District No. 3433

File No. 16118
Registered No. _____
St. _____ Ward) _____

2. FULL NAME

(a) Residence, No. King City Mo. R.R. Ward. _____
(Usual place of abode)

Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M.</u>	4. COLOR OR RACE <u>W.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Harold Stegman</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan. 22-1861</u>		
7. AGE YEARS <u>74</u>	MONTHS <u>3</u>	DAYS <u>10</u>
If LESS than 1 day, _____ hrs. or _____ min.		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired Farmer</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>1923</u>		
11. Total time (years) spent in this occupation		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Switzerland</u>		
13. NAME <u>Fred Stegman Jr.</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Switzerland</u>		
15. MAIDEN NAME <u>Mark Brown</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Switzerland</u>		
17. INFORMANT <u>Edward Stegman</u> (ADDRESS) <u>King City Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Berlin</u> DATE <u>May 15</u> 19 <u>35</u>		
19. UNDERTAKER (ADDRESS) <u>R. H. Jaggard</u> <u>King City Mo.</u>		
20. FILED <u>#54</u> <u>1049</u> <u>Curry</u>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 7 1935

22. I HEREBY CERTIFY, That I attended deceased from viewed the body after
I last saw him alive Death is said to have occurred on the date stated above, at 3 P. m.
The principal cause of death and related causes of importance were as follows:
suicide by fire
asphyxiation 32 caliber
revolver

Other contributory causes of importance:
None

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? suicide Date of injury _____, 19____
Where did injury occur? at home in bedroom
(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) C. J. P. J.
(Address) Albany Mo. coroner

Registrar.

APR 18 1956