

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

Do not use this space.

AUG 16 1935

23526

1. PLACE OF DEATH

County Coles
Township Stanton
City Stanton (No.)

Registration District No. 449
Primary Registration District No. 4267

File No.
Registered No.
St. Ward

2. FULL NAME

Edward F. Steppins

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

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>Widower</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Francis R Palmer</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 18-1849</u>		
7. AGE	YEARS <u>87</u>	MONTHS <u>4</u>
	DAYS <u>8</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>Retired Book Keeper</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)	
	11. Total time (years) spent in this occupation	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Perryman Mo.</u>		
FATHER	13. NAME <u>J. A. Steppins</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo. S.</u>	
MOTHER	15. MAIDEN NAME <u>Mary McKeane</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo. S.</u>	
17. INFORMANT (ADDRESS) <u>One Steppins Bass Ave Stanton Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL		
PLACE	<u>Stanton</u>	DATE <u>July 28 35</u>
19. UNDERTAKER (ADDRESS) <u>Palmer Stanton</u>		
20. FILED <u>7/26 1935</u> <u>J. A. McComb</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 26 1935

22. I HEREBY CERTIFY, That I attended deceased from 7-18 1935 to 7-26 1935
I last saw him alive on 7-26 1935. Death is said to have occurred on the date stated above, at 99 m.
The principal cause of death and related causes of importance were as follows:
Lobar Pneumonia

Other contributory causes of importance:
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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) J. A. McComb, M. D.
(Address)

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.

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