

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

Do not use this space.

40097

1. PLACE OF DEATH JAN 1936  
 County Lafayette Registration District No. 461  
 Township Lexington Primary Registration District No. 5625  
 City (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. 105  
 Registered No. \_\_\_\_\_

2. FULL NAME Nancy J. Steen  
 (a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (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.  
 (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Fe. 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Joe Steen

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 28, 1864  
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, \_\_\_\_\_hrs. or \_\_\_\_\_min.  
71 0 3

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home  
 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) Russel Co. Virginia

13. NAME John Stapelton

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Russel Co. Va.

15. MAIDEN NAME Elizabeth Wheatley

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

17. INFORMANT Mrs. Arthur Piper  
 (ADDRESS) Lexington, Mo.

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Lexington, Mo. DATE Jan. 3, 1936

19. UNDERTAKER Winkler  
 (ADDRESS) Lexington, Mo.

20. FILED Jan - 2 1936 Faye Paul Baker  
 Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 31, 1935

22. I HEREBY CERTIFY That I attended deceased from Nov 1st 1934, to Dec 31 1935  
 I last saw him alive on Dec 31st 1935. Death is said to have occurred on the date stated above, at 10:35pm.  
 The principal cause of death and related causes of importance were as follows:

Arteriosclerosis  
3 years  
 Other contributory causes of importance AM

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 Father's Memory  
 (Signed) \_\_\_\_\_, M. D.  
 (Address) Lexington 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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