

JAN 17 1936

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

Do not use this space.

40230

1. PLACE OF DEATH

County Macon
Township Hudson
City Macon

Registration District No. 533
Primary Registration District No. 5713

File No. _____
Registered No. 248
St. _____ Ward _____

2. FULL NAME Blanche E. Stechner

(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 <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>Harry Stechner</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov. 2, 1884</u>				
7. AGE	YEARS <u>51</u>	MONTHS <u>1</u>	DAYS <u>20</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Home wife</u>			
	10. Date deceased last worked at this occupation (month and year)			
				11. Total time (years) spent in this occupation

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
	13. NAME <u>Rollie Wilson</u>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
	15. MAIDEN NAME <u>Ma</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
17. INFORMANT <u>Harry Stechner</u> (ADDRESS) <u>Macon, Mo., R3</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Oakwood Bur</u> DATE <u>12-24-35</u>	
19. UNDERTAKER <u>Stephen & Goodwin</u> (ADDRESS) <u>Macon, Mo.</u>	
20. FILED <u>1/13</u> 1936 <u>Leslie Henderson</u> Registrar.	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-22- 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 20 to Dec 22, 1935

I last saw him alive on Dec 22 1935. Death is said to have occurred on the date stated above, at 11:50 am.

The principal cause of death and related causes of importance were as follows:

Ch. Myocarditis Date of onset 1935
Exophthalmic Goiter 1925?

Other contributory causes of importance:

Tubercle of left lung 1930?
Amputation of left leg 1931
Epilepsy

Name of operation amputation of leg Date of 1931

What test confirmed diagnosis? Chimp Was there an autopsy? no

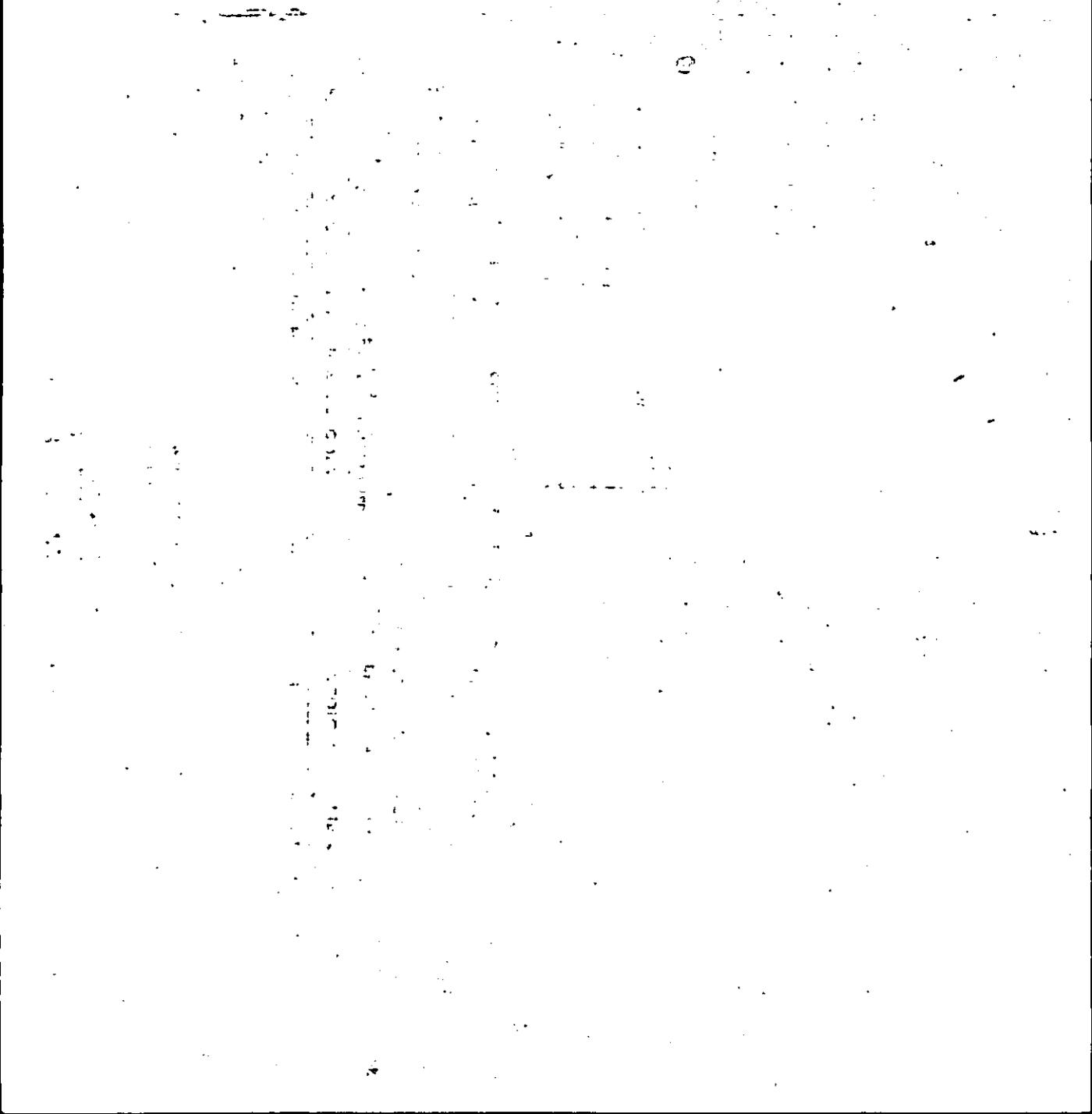
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? none Date of injury _____, 19____

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) J. J. Turner, M. D.
(Address) Macon, Mo.



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CERTIFICATE OF DEATH**

ALL INFORMATION FOR MOST BE WRITTEN ON THIS SUPPLEMENTARY

1. PLACE OF DEATH

County Macon Registration District No. 533
 Township Hudson Primary Registration District No. 3713
 City (No. _____) St. _____ Ward _____

2. FULL NAME Blanche E. Stecher

(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>F</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>m</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)				
7. AGE	YEARS <u>57</u>	MONTHS <u>1</u>	DAYS <u>20</u>	IF LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

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)

MOTHER FATHER 13. NAME

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 19

19. UNDERTAKER (ADDRESS)

20. FILED 1/13 1936 Leota Newton Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-22, 1935

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____
 I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.
 The principal cause of death and related causes of importance were as follows:

Date of onset _____
 Other contributory causes of importance: Subv. of uterus (Senile)

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. J. Turner, M. D.
 (Address) Macon mo

SUPPLEMENTARY

S-40230

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