JUN 23 1936

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

Do not use this space.

20043

File No. .....

Registered No. 169

1. PLACE OF DEATH

County Marion — Registration District No. 247

Township Hannibal — Primary Registration District No. 3024

City Hannibal (No. 2003, Grace St. ..... Ward)

2. FULL NAME Joseph Marion Stein

(a) Residence, No. 2003 Grace St., ... Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

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: Carrie

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan. 22, 1876

7. AGE: Years 60 — Months 4 — Days — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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): Germany

FATHER

13. NAME: John Stein

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

MOTHER

15. MAIDEN NAME: Eva Mollick

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

17. INFORMANT: Mrs. Carrie Stein (ADDRESS) 2003 Grace St. Hannibal, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt Olivet DATE 5/26/36, 19

19. UNDERTAKER: James O'Donnell (ADDRESS) Hannibal, Mo.

20. FILED May 26, 19 36 H. C. Fisher, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May 22, 1936

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 about 9:15 a.m.

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

Died suddenly - Went to bed and wife heard snoring noise. Called his grandson and Probably myocarditis

Date of onset

Other contributory causes of importance:

Rheumatism and Asthma

Name of operation: none — Date of: none

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? — Date of injury — , 19.....

Where did injury occur? death Home (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Home

Manner of injury death: Died suddenly in bed

Nature of injury death: Shortly after retiring

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Cecil E. Schwartz, ~~M. D.~~

(Address) Hannibal, Mo.

Coroner, Marion Co., 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.

WRITE PLAINLY, WITH UNFADING INK...THIS IS A PERMANENT RECORD