

SEP 29 1936

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

Do not use this space.

31070

1. PLACE OF DEATH

County Jackson
Township Kaw
City Kansas City (No. Trinity Lutheran Hosp.)

Registration District No. 399
Primary Registration District No. 100v

File No. _____
Registered No. 3870
St. _____ Ward _____

2. FULL NAME Miss Ellen B. Steffenson

(a) Residence, No. 4151 State Line 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 20, 1903

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
33 6 29

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. None
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Kansas City
(STATE OR COUNTRY) Missouri

13. NAME Sivert Steffenson

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

15. MAIDEN NAME Helma Carolson

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

17. INFORMANT Florence Steffenson
(ADDRESS) 4151 State Line

18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Hill DATE Aug. 21 1936

19. UNDERTAKER Freeman Mortuary & Chapel
(ADDRESS) Kansas City, Missouri

20. FILED 20 1936 M. M. Cron
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 19, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 15, 1936, to Aug. 19, 1936
I last saw him alive on Aug. 19, 1936 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:

Influenzal Pneumonia
Interlobar Empyema et
Multiple Lung Abscesses

Other contributory causes of importance:
General Degenerative
Terminal Septicemia

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? Yes

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. W. Young, M. D.
(Address) 1401 S. M. Blvd.
K. E. K.

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.

