

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.

JUN 17 1936

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

Do not use this space.

48264

1. PLACE OF DEATH

County Saline
Township Warren
City (No.)

Registration District No. 211
Primary Registration District No. 5291

File No.
Registered No. 13
St. Ward)

2. FULL NAME

(a) Residence, No. Stillborn
(Usual place of abode) near Elston, Mo. Ward.

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 — 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 13, 1936

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.

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

FATHER 13. NAME Peter W. Steek

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Warrensburg, Missouri

MOTHER 15. MAIDEN NAME Hilda J. Steek

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Saline, Mo.

17. INFORMANT (ADDRESS) Peter W. Steek

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Martin's Cemetery, Elston, Mo. DATE May 14, 1936

19. UNDERTAKER (ADDRESS) Peter W. Steek (father)

20. FILED 5/14 1936 H. T. Sedak, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 13, 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.....m.
The principal cause of death and related causes of importance were as follows:

Stillborn
Date of onset

Other contributory causes of importance:

Name of operation None Date of

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? (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 None
(Signed) J. T. French, M. D.

(Address) Elston, Mo.

