

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

Do not use this space.

FEB 18 1937

2262

1. PLACE OF DEATH

619 County Muller
Township Shane
City Iberia (No. 2)

Registration District No. 568
Primary Registration District No. 576 1a

File No. _____
Registered No. 81
St. _____ Ward)

2. FULL NAME

John B. Steen

(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. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</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>Mary Barnett</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 6, 1850</u>		
7. AGE YEARS <u>86</u>	MONTHS <u>9</u>	DAYS <u>3</u>
If LESS than 1 day, _____ hrs. or _____ min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>1</u>	
10. Date deceased last worked at this occupation (month and year) _____		11. Total time (years) spent in this occupation <u>1</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Cauden Co., Mo.</u>		
FATHER	13. NAME <u>Hodge Steen</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>	
MOTHER	15. MAIDEN NAME <u>Nancy Jane Boggs</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>	
17. INFORMANT (ADDRESS) <u>Frank Steen Iberia, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Flowers Cem.</u> DATE <u>Jan-12-37</u>		
19. UNDERTAKER (ADDRESS) <u>B. L. Casey Iberia</u>		
20. FILED <u>1-14 1937</u> <u>El Hawkins</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 9 - 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec. 22, 1936, to Jan. 8, 1937
I last saw him alive on Jan 8, 1937. Death is said to have occurred on the date stated above, at 12 P. M.
The principal cause of death and related causes of importance were as follows:
Chronic myocarditis Jan. 1936

Date of onset _____

Other contributory causes of importance: None

Name of operation _____ Date of _____
What test confirmed diagnosis? clinical 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? no
If so, specify _____
(Signed) Myron J. Bond, M. D.
(Address) Bonmley,

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCASION, if any, of DEATH.

