

JUN 16 1937
MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Rollinger Registration District No. 69 File No. 19396
 Township Fillmore Primary Registration District No. 51 Registered No. _____
 City Grassy, Mo. (No. _____) St. _____ Ward _____

2. FULL NAME Lenard Harry Stepp

(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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan, 19th 1937

Single

17. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

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

that I last saw h. _____ alive on _____, 19____, and that death occurred, on the date stated above, at 1 P. m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov, 19th 1916

THE CAUSE OF DEATH* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
20 2

By shooting him self with shot gun.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Patient at Farmington
 (b) General nature of industry, business, or establishment in which employed (or employer) Hospital, #4,
 (c) Name of employer _____

CONTRIBUTORY (SECONDARY)

9. BIRTHPLACE (CITY OR TOWN) City of ST, Louis.
 (STATE OR COUNTRY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH: _____

10. NAME OF FATHER Robert N Stepp

DID AN OPERATION PRECEDE DEATH: _____ DATE OF _____

WAS THERE AN AUTOPSY: _____

11. BIRTHPLACE OF FATHER (CITY OR TOWN) State of Mo,
 (STATE OR COUNTRY)

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Andrew J. Baker M.D.
 , 19 (Address) Lutesville, Mo,

12. MAIDEN NAME OF MOTHER Vanesler,
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) State of Kansas,
 (STATE OR COUNTRY)

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

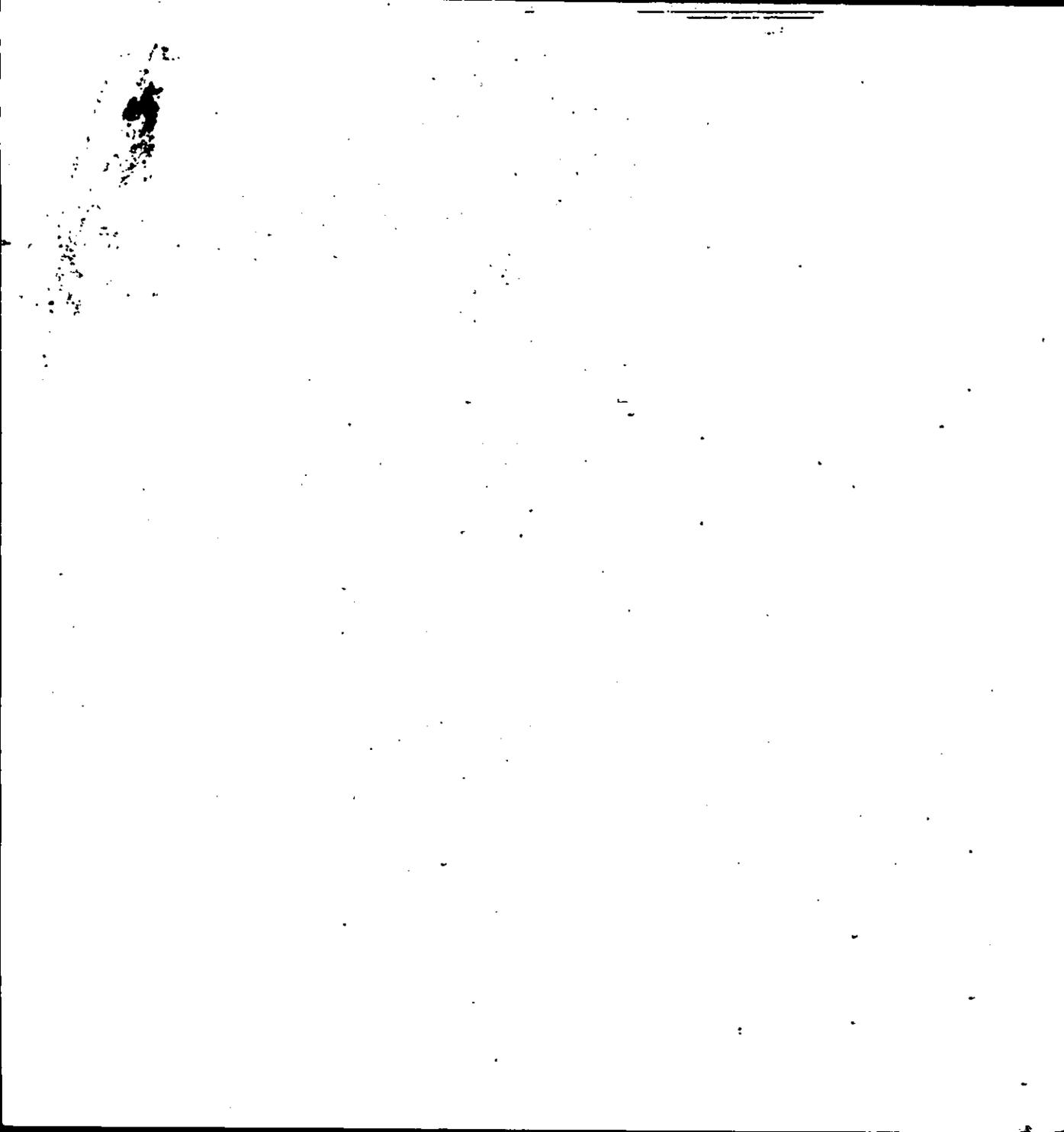
14. INFORMANT Mr Robert N Stepp.
 (Address) Grassy, Mo,

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Grassy Cemetery, DATE OF BURIAL Jan, 21st, 37

15. FILED _____, 19____ REGISTRAR

20. UNDERTAKER Andrew J Baker ADDRESS Lutesville, MO

Cause of Death in plain terms, so that it may be properly understood. Exact statement of OCCUPATION is very important.



3-19396