

JUL 31 1937

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

Do not use this space.

## 1. PLACE OF DEATH

County PolkRegistration District No. 713Township UnionPrimary Registration District No. 5942City St. Louis (No. 1)File No. 24646

Registered No. \_\_\_\_\_

St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Steebbrith

(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. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF None6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 28/37

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown  
10. Date deceased last worked at this occupation (month and year) May 28/37 11. Total time (years) spent in this occupation 112. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Polk Co. Mo.13. NAME Harold E. Burgess14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cracker15. MAIDEN NAME Carrie May Wade16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Polk Co. Mo.17. INFORMANT (ADDRESS) H. E. Burgess18. BURIAL, CREMATION, OR REMOVAL PLACE Cracker DATE May 29, 193719. UNDERTAKER (ADDRESS) J. S. Harp20. FILED 24646 1937 Cracker Mo. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 28, 193722. I HEREBY CERTIFY, That I attended deceased from May 28, 1937 to May 28, 1937

I last saw him alive on \_\_\_\_\_, 19\_\_\_\_. Death is said

to have occurred on the date stated above, at \_\_\_\_\_.

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

Prostatic gland Date of onset 5/28/37

Other contributory causes of importance:

Name of operation ✓ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

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) W. S. Lee M. D.(Address) Cracker Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

