

REC'D JUL 12 1938

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

Do not use this space.

21052

1. PLACE OF DEATH

County

Jackson

Registration District No.

399

File No.

Township

Kansas

Primary Registration District No.

1002

Registered No.

2502

City

Kansas City, Mo.

St. Marys Hosp.

St.

Ward

2. FULL NAME

Louisa Jane Steenstry 352

(a) Residence, No.

Overdale, Mo.

Ward

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

25 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)

widowed

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

Frank Steenstry

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

Nov 16 1869

7. AGE

YEARS 72

MONTHS 7

DAYS 3

If LESS than 1 day, hrs. or min.

OCCUPATION

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

Housewife

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)

Whitehall, Ill.

13. NAME

Wm Johnson

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

Key

15. MAIDEN NAME

Matilda Whites

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

Mo

17. INFORMANT (ADDRESS)

J. H. Martin Overdale - Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE

Mount Hope Ch. June 2, 1938

19. UNDERTAKER (ADDRESS)

Monton Funeral Home no Kansas City, Mo.

20. FILED

June 21, 38 M. M. Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

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

6/19 1938

22. I HEREBY CERTIFY, That I attended deceased from

6/2 1938 to 6/19 1938

I last saw her alive on 6/19 1938. Death is said

to have occurred on the date stated above, at 11:40 A.M.

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

Pneumonia lobar terminal

Date of onset

Other contributory causes of importance:

Fracture left hip - Cardio-vascular disease (arteriosclerotic)

Name of operation: Medical Fracture Date of 6/15/38

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? Accident Date of injury 6/31, 1938

Where did injury occur? Home (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Home

Nature of injury fracture l. hip

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) J. A. Simpson, M. D.

(Address) 209 E. 12th St., Kansas City, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S STATEMENT OF OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

Dr. Frierabend