

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

REC'D JUN 20 1939

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

Do not use this space.

17911

1. PLACE OF DEATH

County Atchison Registration District No. 17
Township Clark Primary Registration District No. 0011
City (No.) (No.) St. Ward)

File No.
Registered No.

2. FULL NAME

Silas Hinton R Stepp
(a) Residence, No. St. Ward.
(Usual place of abode)
Length of residence in city or town where death occurred 6 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED—HUSBAND OF (OR) WIFE OF <u>Thollie Ruth Stepp</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct 1, 1857</u>		
7. AGE YEARS <u>81</u>	MONTHS <u>7</u>	DAYS <u>23</u>
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>Farm</u>		
10. Date deceased last worked at this occupation (month and year) <u>Jan 1, 1937</u>		
11. Total time (years) spent in this occupation		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Washington County, Tenn.</u>		
MOTHER FATHER	13. NAME <u>Wellington W Stepp</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>McKenney, Virginia</u>	
	15. MAIDEN NAME <u>Elizabeth Hinton</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Harrisonville, Virginia</u>	
17. INFORMANT (ADDRESS) <u>Mrs L O Kennedy, Fairfax, Va.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>English Burial</u> DATE <u>May 26 1939</u>		
19. UNDERTAKER (ADDRESS) <u>DeSales Bros, Fairfax, Va.</u>		
20. FILED <u>5-26</u> 19 <u>39</u> <u>Hatta B. Black</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-24 1939

22. I HEREBY CERTIFY That I attended deceased from June 8 1938 May 28 1939, to May 28 1939, 1939
I first saw him alive on May 24 1939. Death is said to have occurred on the date stated above, at 7 A.M.
The principal cause of death and related causes of importance were as follows:
Carcinoma of left lower jaw
Date of onset May 1938

Other contributory causes of importance: 45

Name of operation..... Date of.....
What test confirmed diagnosis? Aut. Was there an autopsy? Yes

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 Queen Number 1 M. D.
(Signed) Fairfax, Va. (Address) 15

RECEIVED

District Health Officer No. 11,

District File Number 11-39-710

Filed JUN 19 1939