

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.

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County GentryRegistration District No. 309

Township

Primary Registration District No. 4185

City

(No. 309)

St.

Ward

2. FULL NAME

(a) Residence, No.

(Usual place of abode)

St.

Ward.

(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)

widow

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

Samuel Steinman

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

March 28-1857

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

871111

OCCUPATION

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

none

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)

Gentry Co. Mo.

FATHER

13. NAME

Era Bullett

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

Ohio

MOTHER

15. MAIDEN NAME

Martha Dyson

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

Ohio

17. INFORMANT (ADDRESS)

Miss Lily Steinman Albany

18. BURIAL, CREMATION, OR REMOVAL

PLACE Porter Cemetery DATE Mar. 12, 1940

19. UNDERTAKER (ADDRESS)

A. T. Base Albany Mo.

20. FILED

Mar. 11, 1940. Dr. J. T. Martin Registrar.

MEDICAL CERTIFICATE OF DEATH

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

March 10, 1940

22. I HEREBY CERTIFY, That I attended deceased from

Feb. 10, 1940, to Mar. 10, 1940I last saw her alive on Mar. 10, 1940. Death is saidto have occurred on the date stated above, at 4:30 a. m.

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

Influenza
Myocarditis

Date of onset

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?

If so, specify

(Signed)

(Address)

J. T. Martin, M. D.
Albany, Mo.

SEP 16 1941

RECEIVED
District Health Officer No. 11,
District File Number 440-489
Date Filed APR 10 1940