

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

Do not use this space.

**35168**

File No. **264**  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**1. PLACE OF DEATH**

County **Cole**  
Township \_\_\_\_\_  
City **Jefferson** (No. \_\_\_\_\_)

Registration District No. **2.3**  
Primary Registration District No. **20.4**

**2. FULL NAME**

(a) Residence, No. **523 Clark** 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**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX **Male** 4. COLOR OF RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **married**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Nov 6 1932**

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

22. I HEREBY CERTIFY, That I attended deceased from **4-30**, 19**32** to **11-7**, 19**32**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Aug 25-1907**

I last saw him alive on **11-7-32** Death is said

7. AGE YEARS **25** MONTHS **2** DAYS **11** If LESS than 1 day, hrs. or min.

to have occurred on the date stated above, at **9:00** a.m.

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

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

**Lymphocarcinoma**

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **mo. G. T. Co.**

**Hic**

10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

Other contributory causes of importance: **(D)**

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Adelphi Mo**

13. NAME **Geo Steenbergen**

Name of operation **Amputation of stomach** Date of **6-7-32**

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

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? **no**

15. MAIDEN NAME **Stella Williams**

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

17. INFORMANT (ADDRESS) **Mrs Dale Wingate 523 Clark**

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

18. BURIAL, CREMATION, OR REMOVAL PLACE **Sheloh** DATE **Nov 9 32**

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

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

19. UNDERTAKER (ADDRESS) **Hawson - Tanner**

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

20. FILED **11/14/32 J. R. Bradford Registrar**

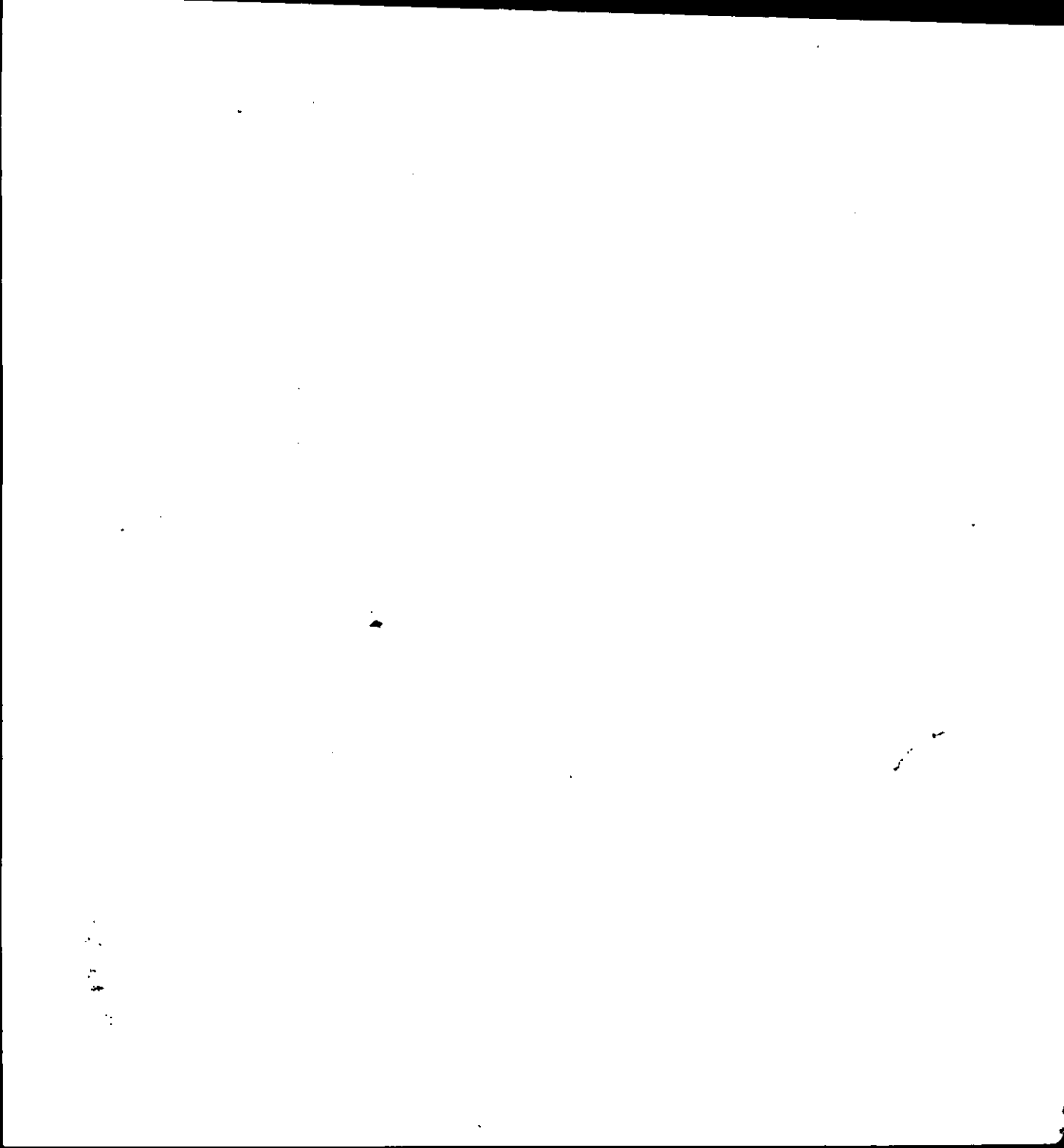
24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_

If so, specify \_\_\_\_\_

(Signed) **J. R. Bradford**, M. D.

(Address) **Jefferson City, Mo.**

print terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.



**MISSOURI STATE BOARD OF HEALTH  
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CERTIFICATE OF DEATH**

ALL INFORMATION CALLED  
FOR MUST BE WRITTEN ON  
THIS SUPPLEMENTARY.

**1. PLACE OF DEATH**

County.....  
Township.....  
City.....  
(No.....)

Registration District No. 913  
Primary Registration District No. 3014

File No. 264  
Registered No. ....  
St. .... Ward)

**2. FULL NAME**

(a) Residence, No. .... St. .... Ward.  
(Usual place of abode)

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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

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

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

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

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

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

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19

19. UNDERTAKER (ADDRESS)

20. FILED 3/24/1933 W. B. Bedford Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11/6, 1932

22. I HEREBY CERTIFY, That I attended deceased from ..... to ..... 19.....

I last saw h..... alive on....., 19..... Death is said to have occurred on the day stated above, at..... m.

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

Lupus Sarcoma  
of stomach  
46B  
Other contributory causes of importance:

Name of operation Resection of stomach 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 Dr. F. M. Muelham, M. D.  
(Signed) ..... (Address) .....

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

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW.

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