

JUN 25 1927

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

Do not use this space.

14615

## 1. PLACE OF DEATH

County ColeRegistration District No. 214Township MorganPrimary Registration District No. 5294City Russellville Mo(No. 15 Ward)File No. 15Registered No. 15

## 2. FULL NAME

(a) Residence. No. Wanda Lema Steenburgen

(Usual place of abode)

St. MoWard. 15

Length of residence in city or town where death occurred

yrs.

mos.

da.

How long in U.S., if of foreign birth?

yrs.

mos.

da.

## PERSONAL AND STATISTICAL PARTICULARS

## 3. SEX

Female

## 4. COLOR OR RACE

White

## 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Child

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

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

July 15, 1924

## 7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, 16 hrs. or 2 min.21016

## 8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

## 9. BIRTHPLACE (CITY OR TOWN)

Russellville Mo

(STATE OR COUNTRY)

## 10. NAME OF FATHER

Robert Steenburgen

## 11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Decatur Mo

(STATE OR COUNTRY)

## 12. MAIDEN NAME OF MOTHER

Nellie Watts

## 13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Decatur Mo

(STATE OR COUNTRY)

## 14.

INFORMANT

(Address)

Robert Steenburgen  
Russellville Mo

## 15.

FILED

6-1-1927 Hugh L. Embree  
REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

## 16. DATE OF DEATH (MONTH, DAY AND YEAR)

May 31 1927

## 17.

I HEREBY CERTIFY, That I attended deceased from May 30, 1927, to May 31, 1927, that I last saw her alive on May 31, 1927, and that death occurred, on the date stated above, at 7 a m.

## THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Whooping Cough

## CONTRIBUTORY (SECONDARY)

Pneumonia

## 18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH?

DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed)

W. L. Leslie, M. D.

, 19 (Address)

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

## 19. PLACE OF BURIAL, CREMATION, OR REMOVAL

## DATE OF BURIAL

CrematoriumJune 1 1927

## 20. UNDERTAKER

## ADDRESS

G. N. SteffensRussellville Mo

X. 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.

