

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

Do not use this space.

23468

1. PLACE OF DEATH
 8 County Monticern Registration District No. 575
 4 Township _____ Primary Registration District No. 4337
 3 City Lepta (No. _____ St. _____ Ward _____)
 2. FULL NAME Mason Steinson
 (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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Hallie Steinson</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 10 1870</u>		
7. AGE	YEARS <u>62</u>	MONTHS <u>2</u>
	DAYS <u>24</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Butcher</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>157</u>	
	10. Date deceased last worked at this occupation (month and year) <u>2-12-1932</u>	11. Total time (years) spent in this occupation <u>18 yrs</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>		
FATHER	13. NAME <u>Nelson Steinson</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>	
MOTHER	15. MAIDEN NAME <u>Unknown</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>	
17. INFORMANT (ADDRESS) <u>Hallie Steinson</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Lepta Mo</u> DATE <u>July 6th 1932</u>		
19. UNDERTAKER (ADDRESS) <u>Junell E. Steinson</u>		
20. FILED <u>July - 5 1932</u> <u>Mrs. Sarah F. Steinson</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 4 1932

22. I HEREBY CERTIFY, That I attended deceased from May 16 1932, to July 4 1932
 I last saw him alive on June 25 1932. Death is said to have occurred on the date stated above, at 8 a.m.
 The principal cause of death and related causes of importance were as follows:
Chronic Nephritis Date of onset _____
131
131 ①
 Other contributory causes of importance: _____

Name of operation _____ Date of _____
 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? _____ 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) G. S. Wilson, M. D.
 (Address) Fortune

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.

AUG 25 1932

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