

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

Do not use this space.

17351

**1. PLACE OF DEATH**

County Buchanan Registration District No. 85  
 Township Washington Primary Registration District No. 101  
 City St. Joseph (No. State Hospital #2) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
 Registered No. 649

**2. FULL NAME**

John Henry Stegner  
 (a) Residence. No. State Hospital #2 St. Ward Wheeling Mo.  
 (Usual place of abode) (If nonresident give city or town and State)  
 Length of residence in city or town where death occurred yrs. 1 mos. 1 ds. How long in U.S., if of foreign birth? yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. \_\_\_\_\_

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs Jno H Stegner

6. DATE OF BIRTH (MONTH, DAY AND YEAR) unknown 871

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
58 | 0 | 0

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Farmer  
 (b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
 (c) Name of employer \_\_\_\_\_

**9. BIRTHPLACE (CITY OR TOWN)**

(STATE OR COUNTRY) Carroll Co Mo

**10. NAME OF FATHER**

Jno J Stegner

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

(STATE OR COUNTRY) Mo

**12. MAIDEN NAME OF MOTHER**

Sarah Dumas

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

(STATE OR COUNTRY) N.Y.

**14. INFORMANT** State Hosp #2 record

(Address) St Joseph Mo.

**15. FILED** 21 1929

19\_\_\_\_ REGISTRAR J. G. [Signature]

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 20 1929

17. I HEREBY CERTIFY, That I attended deceased from March 27, 1929, to May 20, 1929, and that I last saw him alive on May 20, 1929, and that death occurred, on the date stated above, at 4:30 p.m.

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

Cerebral Hemorrhage  
92 A  
77  
 (duration) yrs. \_\_\_\_\_ mos. 21 ds.

**CONTRIBUTORY (SECONDARY)** arterio-sclerosis

(duration) yrs. 1 mos. \_\_\_\_\_ ds.

**18. WHERE DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? clinical

(Signed) D. S. Drivine, M. D.

May 20 1929 (Address) State Hosp #2 St Joseph

\*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**

Wheeling Mo May 21 1929

**20. UNDERTAKER**

**ADDRESS**

E. G. Sidenfaden 602 Br. 10

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.

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