

JAN 26 1934

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

Do not use this space.

42244

1. PLACE OF DEATH
 99 County Galiney Registration District No. 796
 Township Marshall Primary Registration District No. 1039
 City Marshall (No. _____) St. _____ Ward _____

2. FULL NAME Nicholays Stedem

(a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode) (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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 20, 1854

7. AGE YEARS 79 MONTHS 4 DAYS 17 If LESS than 1 day, _____ hrs. _____ min.

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

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) Germany

MOTHER FATHER
 13. NAME Henry Stedem
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany
 15. MAIDEN NAME Barbara
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Frank Stedem
 (ADDRESS) Marshall, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Ridge Park Cem. DATE Dec. 9, 1933

19. UNDERTAKER Vandiver Mortuary
 (ADDRESS) Marshall, Mo.

20. FILED 12/18/33 Nicholays Stedem
 Registrar.

MEDICAL CERTIFICATE OF DEATH

1
 21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 7, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 4 - 1933, to Dec 7 - 1933.
 I last saw him alive on Dec 7 - 1933. Death is said to have occurred on the date stated above, at 8:45 A. M.
 The principal cause of death and related causes of importance were as follows:
Lobar Pneumonia Date of onset Dec 1 - 33
108

Other contributory causes of importance:
108

Name of operation _____ Date of _____
 What test confirmed diagnosis? Cholera Was there an autopsy? No

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? No
 If so, specify _____
 (Signed) Geo. B. Hardin, M. D.
 (Address) Marshall Mo

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.

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