

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

Do not use this space.

167

1. PLACE OF DEATH

County Bates Registration District No. 5-4
 Township Rockville Primary Registration District No. 4032
 City Rockville (No. _____) St. _____ Ward _____

2. FULL NAME

Dorothy Beane Dailey Steiner
 (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 1 yrs. 24 mos. 24 ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</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>Wilbert M. Steiner</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>29-Nov-1903</u>		
7. AGE	YEARS	MONTHS
<u>29</u>	<u>1</u>	<u>11</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>House wife</u>		
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) <u>Bethany Missouri</u>		
13. NAME <u>John R. Dailey</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Harrison County Mo.</u>		
15. MAIDEN NAME <u>Frances B. Smith</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Bethany Mo.</u>		
17. INFORMANT (ADDRESS) <u>Mrs. L. H. Dailey 222 Hampton Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Schell City Mo.</u> DATE <u>Jan. 11, 1933</u>		
19. UNDERTAKER (ADDRESS) <u>L. H. Lewis & Son Schell City Mo.</u>		
20. FILED <u>Jan 9, 1933</u> <u>Mrs. A. B. Furman</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 8, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1, 1933 to Jan. 8, 1933
 I last saw her alive on Jan. 8, 1933. Death is said to have occurred on the date stated above, at 8:10 P.M.
 The principal cause of death and related causes of importance were as follows:
Bronchial Pneumonia
Pulmonary Hemorrhage
 Other contributory causes of importance _____

Name of operation _____ 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? No
 If so, specify _____
 (Signed) A. B. Furman, M. D.
 (Address) Rockville, Mo.

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. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

