

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

Do not use this space.

16005

1. PLACE OF DEATH Polk
 County Polk Registration District No. 701
 Township Polina Primary Registration District No. 4422
 City Polina (No.) St. Ward)

2. FULL NAME Jas Wesley Steel
 (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.

File No.
 Registered No. 25
 St. Ward)

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar 31 1871

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
54 | 2 | 15

8. OCCUPATION OF DECEASED Farmer
 (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) Polina
 (STATE OR COUNTRY) Mo

10. NAME OF FATHER Robert Steel

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Polina
 (STATE OR COUNTRY) Mo

12. MAIDEN NAME OF MOTHER Rachel Magg

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Polina
 (STATE OR COUNTRY) Mo

14. INFORMANT Benton Steel
 (Address) Polina Mo

15. FILED May 27 1927 J. L. Roberts
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 18 1927

17. I HEREBY CERTIFY, That I attended deceased from Oct 18, 1926, to May 1, 1927 that I last saw him alive on May 1, 1927, and that death occurred, on the date stated above, at 11 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Tuberculosis of spine
24th & 5th Dorsal vertebrae

26 (duration) 1 yrs. 1 mos. 3 ds.

CONTRIBUTORY (SECONDARY) 34
 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH? no

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? X-ray
 (Signed) E. D. Smith, M. D.
 May 20, 1927 (Address) Polina Mo

*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 Gofflaw DATE OF BURIAL May 20 1927

20. UNDERTAKER Luthevon Blue ADDRESS Polina 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.

