

27 1929

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

Do not use this space.

19001

1. PLACE OF DEATH

County *Pettis* Registration District No. *668*
Township Primary Registration District No. *8032*
City *Adalia* (No.) St. Ward)

File No.
Registered No. *15-9*

2. FULL NAME *Daisy J Steel*

(a) Residence. No. *318 1/2 rd* 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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *M* 4. COLOR OR RACE *col* 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) *married*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Emma Steel*

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *9-16-1859*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
69 7 21

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work *Barber*
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer *Self*

9. BIRTHPLACE (CITY OR TOWN) *Rothport*
(STATE OR COUNTRY) *Boon Co Mo*

10. NAME OF FATHER *Jesse Steel*

11. BIRTHPLACE OF FATHER (CITY OR TOWN) *dent mo*
(STATE OR COUNTRY) *dent mo*

12. MAIDEN NAME OF MOTHER *in h mo*

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) *dent mo*
(STATE OR COUNTRY) *dent mo*

14. INFORMANT *Emma Steel*
(Address) *Adalia Mo*

15. FILED *May 16, 1929* *JHM* REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *5/7 1929*

17. I HEREBY CERTIFY That I attended deceased from *4/20*, 19*29*, to *5/7*, 19*29*, that I last saw him/her alive on *5/7*, 19*29*, and that death occurred, on the date stated above, at *10:00* a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute Ascending Paralysis
814

CONTRIBUTORY (SECONDARY) *7* yrs. *7* mos. *7* ds.
7 yrs. *7* mos. *7* ds.

18. WHERE WAS DISEASE CONTRACTED *Boon Co Mo*
IF NOT AT PLACE OF DEATH:

DID AN OPERATION PRECEDE DEATH?

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) *H. G. ...*, M. D.
, 19 (Address) *Boon Co 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 *Adalia Mo* DATE OF BURIAL *5/10 1929*

20. UNDERTAKER *H. J. ...* ADDRESS *Adalia Mo*

