

MAR 28 1930

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

Do not use this space.

1. PLACE OF DEATH

County Platte
Township Weston
City Weston

Registration District No. 698
Primary Registration District No. 4420

File No. 6012
Registered No. _____
St. _____ Ward _____

2. FULL NAME Warner C. Steele

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2-26 1930

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

17. I HEREBY CERTIFY, That I attended deceased from Jan 20 at _____, 1930, to Feb 26, 1930, and that I last saw h. alive on Feb 26, 1930, and that death occurred, on the date stated above, at 9:00 a.m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 29 1877

THE CAUSE OF DEATH* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS IF LESS than 1 day hrs. or min. 51 6 27

1. Acute Lobar Pneumonia
following Influenza
(duration) yrs. mos. ds. 7 ds.

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 _____

CONTRIBUTORY (SECONDARY) Chrom. alcoholism
(duration) yrs. mos. ds. _____

9. BIRTHPLACE (CITY OR TOWN) Weston (STATE OR COUNTRY) Mo.

18. WHERE WAS DISEASE CONTRACTED NOT AT PLACE OF DEATH

10. NAME OF FATHER C. Steele

DID AN OPERATION PRECEDE DEATH? NO DATE OF _____
WAS THERE AN AUTOPSY? NO

11. BIRTHPLACE OF FATHER (CITY OR TOWN) va. (STATE OR COUNTRY) _____

WHAT TEST CONFIRMED DIAGNOSIS? Physical Exam & Sputum
BE Wells, M. D.

12. MAIDEN NAME OF MOTHER Mary Ellen Culver

(Signed) _____ (Address) Weston, Mo.

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

*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.

14. INFORMANT (Address) Ida Steele
Weston Mo.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Laurel Hill DATE OF BURIAL 2-28 1930

15. FILED 2/28 30 1930 J. H. Brill REGISTRAR

20. UNDERTAKER J. H. Brill ADDRESS Weston Mo.

Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

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PARENTS

