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

Do not use this space.

4293

File No. 103

Registered No. 103

1. PLACE OF DEATH

County Texas

Township Cooper

City Hartshorn (No. ..... St. ..... Ward)

Registration District No. 866

Primary Registration District No. 6146

2. FULL NAME Andrew Thomas Steelman

(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	white	married

5a. ~~MARRIED, WIDOWED, OR DIVORCED~~ HUSBAND OF ~~(OR) WIFE OF~~ Dorothy Steelman

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 4 - 1855

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	75	5	20	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farming

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9. BIRTHPLACE (CITY OR TOWN) Tipton Tipton
(STATE OR COUNTRY) Indiana U.S.A.

PARENTS

10. NAME OF FATHER ARON STEELMAN

11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) New Jersey

12. MAIDEN NAME OF MOTHER Short

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

14. INFORMANT Mrs. Steelman
(Address) Mrs. Eagle, Ark

15. FILED 1-28 1931 Mrs W. R. McKee
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 24 1931

17. I HEREBY CERTIFY, That I attended deceased from Jan 14, 1931, to Jan 19, 1931, that I last saw him alive on Jan 19, 1931, and that death occurred, on the date stated above, at Jan 24 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Relighting of urine Uremic Poison

1931

1931

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) .....

(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? .....

DID AN OPERATION PRECEDE DEATH? no DATE OF .....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) L H Waller, M. D

, 19 (Address) Summerville 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 Antioch Cemetery

DATE OF BURIAL 1/25 1931

20. UNDERTAKER John Kennedy

ADDRESS Hartshorn 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.

WHEN FILLING, WRITE SHARPLY INK—THIS IS A PERMANENT RECORD

FEB 21 1931