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

Do not use this space.

14074

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No.
Township Raw — Primary Registration District No. 1602 — Registered No. 1578
City K. C. Mo (No. Trinity Lutheran Hosp St. Ward)

2. FULL NAME Melva E Steele
(a) Residence. No. Trinity Lutheran Hosp St., Ward. Freeman Mo.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred — yrs. — mos. 3 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

3

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Geo. J Steele

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 20 - 1879

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	51	10	13	

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Nebraska

PARENTS
10. NAME OF FATHER James M Littell
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Indiana
12. MAIDEN NAME OF MOTHER Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown

14. INFORMANT Geo J Steele (Address) Freeman Mo.

15. FILED 4/3, 1931 M. M. Crowe REGISTRAR Asst

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 4-3 1931

17. I HEREBY CERTIFY, That I attended deceased from 3/31, 1931, to 4/3, 1931 that I last saw her alive on 4/3/31, 19..., and that death occurred, on the date stated above, at 6:20 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute intestinal obstruction 54B 1228
30 hours (duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (SECONDARY) Broken down uterus fibroid non-malignant (duration) ....yrs. ....mos. ....ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? Yes DATE OF 3/31/31
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? at operation
(Signed) R. U. Stevens, M. D.
4/3, 1931 (Address) K.C. Mo. By J. Farnsworth M.D.

*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	DATE OF BURIAL
Freeman, Mo.	4/5 1931
20. UNDERTAKER	ADDRESS
Runnenburger Bros & Co	Harrisonville 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.