WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

JUN 29 1931

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

Do not use this space.

18894

1. PLACE OF DEATH

80 County Pettis — Registration District No. 672 — File No.

Township Lincoln — Primary Registration District No. 5895 — Registered No. 6

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

2. FULL NAME Mary Jane Steel

(a) Residence, No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. COLOR OR RACE W.

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Thomas V. Steel

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sep = 23 = Nov 20 1859

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
71.	5	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marshall Co. West Virginia

FATHER

13. NAME Samuel Gunn

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn.

MOTHER

15. MAIDEN NAME Hannah Alley

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) West J Virginia

17. INFORMANT (ADDRESS) C. B. Thrift R. 3. Sedalia

18. BURIAL, CREMATION, OR REMOVAL

PLACE Lincoln DATE May 20 1931

19. UNDERTAKER (ADDRESS) B. J. Carr La Monte

20. FILED May 21, 1931 J. Evans Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 19, 1931

22. I HEREBY CERTIFY, That I attended deceased from May 18, 1931, to May 19, 1931

I last saw her alive on May 19, 1931. Death is said to have occurred on the date stated above, at 9 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute nephritis	5-19-31
1130	
1110	
Other contributory causes of importance:	
Edema Lungs	5-20-31
1140	

Name of operation ..... Date of .....

What test confirmed diagnosis? Lund Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? No Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify .....

(Signed) W. E. Walker, M. D.

(Address) La Monte Mo