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.

NOV 5 1931

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

Do not use this space.

35310

1. PLACE OF DEATH
County Pettis
Registration District No. 668
File No.
Township
Primary Registration District No. 3032
Registered No. 305
City Sedalia (No. , St. Ward)

2. FULL NAME Emma Steel
(a) Residence, No. 416 W Morgan 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 F
4. COLOR OR RACE Col
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF D. Y. Steel
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) dont know
7. AGE W YEARS dont know MONTHS dont know DAYS dont know If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. X
10. Date deceased last worked at this occupation (month and year) X
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Unknown

FATHER
13. NAME Unknown
14. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Unknown

MOTHER
15. MAIDEN NAME ~~Emma Watkins~~ Unknown
16. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Unknown

17. INFORMANT Nannie Phillips
(ADDRESS) Sedalia

18. BURIAL, CREMATION, OR REMOVAL
PLACE Sedalia Mo DATE 10-29 1931

19. UNDERTAKER F. D. Ferguson
(ADDRESS) Sedalia Mo

20. FILED 10-29 1931 J. G. Love
Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-25-1931

22. I HEREBY CERTIFY, That I attended deceased from May 21, 1931, to 10-25, 1931
I last saw her alive on 10-25, 1931. Death is said to have occurred on the date stated above, at 7 30 a.m.
The principal cause of death and related causes of importance were as follows:

Date of onset

Acute Myocarditis
131
93A

Other contributory causes of importance:

Chronic Interstitial Nephritis

Name of operation — Date of
What test confirmed diagnosis? Clinical & lab Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? — 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) A. R. Maddox, M. D.
(Address) 16½ W. Main