

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

Do not use this space.

40610

1. PLACE OF DEATH

County Dentry
Township
City Albany (No.)

Registration District No. 309
Primary Registration District No. 4185

File No.
Registered No.
St. Ward)

2. FULL NAME

(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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 22 - 1882

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
49 11 0

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Wife 97 R

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 930

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) Dentry Co. Mo.

13. NAME Chas. B. Steele

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

15. MAIDEN NAME Mary J. Newman

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dentry Co. Mo.

17. INFORMANT Reece Steele (ADDRESS) Albany Mo.

18. BURIAL, CREMATION OR REMOVAL PLACE Shepherd DATE Dec. 23, 1931

19. UNDERTAKER (ADDRESS) W. F. Bare Albany Mo.

20. FILED Jan 2, 1932 W. F. Martin Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 22, 1931

22. I HEREBY CERTIFY, That I attended deceased from Nov. 9, 1931, to Dec. 21, 1931

I last saw him alive on Dec. 21, 1931. Death is said to have occurred on the date stated above, at 3-50 a.m.

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

Aortic Stenosis, Pericarditis, Myocarditis, and dropsy Date of onset several months

Other contributory causes of importance: Myocarditis (chronic) several years standing

Name of operation Date of

What test confirmed diagnosis? 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) C. J. Pray M. D.
(Address) Albany 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.

