

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

Do not use this space.

1. PLACE OF DEATH
 33 County Dent Registration District No. 266 File No. 633
 1 Township Primary Registration District No. 4162 Registered No. 2
 2 City Salem (No.) St. Ward)

2. FULL NAME Charlie 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 male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Minnie Soloman

6. DATE OF BIRTH (MONTH, DAY AND YEAR) -----1887

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
44		XX	XX	

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Farmer 3A
 (b) General nature of industry, business, or establishment in which employed (or employer) 11A
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Dent Co
 (STATE OR COUNTRY) Mo 1

PARENTS

10. NAME OF FATHER David Aaron Steelman

11. BIRTHPLACE OF FATHER (CITY OR TOWN) -----
 (STATE OR COUNTRY) Ind 2

12. MAIDEN NAME OF MOTHER Haley Prince

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

14. INFORMANT Alva Steelman
 (Address) Salem Mo

15. FILED 47 1932 W. E. Riedel REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 5 1932

17. I HEREBY CERTIFY, That I attended deceased from Oct 20, 1931, to Jan 3, 1932, that I last saw him alive on Jan 3, 1932, and that death occurred, on the date stated above, at 800 P. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pulmonary Tuberculosis

CONTRIBUTORY (SECONDARY) Influenza
 (duration) 1 yrs. 3 mos. ds.

18. WHERE WAS DISEASE CONTRACTED at Home
 IF NOT AT PLACE OF DEATH
 DID AN OPERATION PRECEDE DEATH? DATE OF 1

WAS THERE AN AUTOPSY?
 WHAT TEST CONFIRMED DIAGNOSIS Examination of Sputum
 (Signed) W. E. Riedel, M. D.
47, 1932 (Address) Salem 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 Jadwin Cemetary DATE OF BURIAL Jan 7 1932

20. UNDERTAKER Carl Spencer ADDRESS Salem Mo

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.

APR 23 1932

