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.

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

Do not use this space.

8507

1. PLACE OF DEATH Veterans' Administration Hospital.
County Jackson — Registration District No. 39 — File No.
Township KAW — Primary Registration District No. 1062 — Registered No. 1088
City Kansas City, Mo. (No. U.S. Veterans' Hospital St. Ward)

2. FULL NAME STEELE, Ezekiel Kirby — C- Pvt. Cas Det 73 163 DB
(a) Residence, No. 2638 Spruce St., 14 Ward.
(Usual place of abode) Kansas City, Mo. (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~~ ~~Unknown~~ GRACE STEELE

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 10 1894

7. AGE: YEARS 37 — MONTHS 7 — DAYS 3 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Plumber + HEATING
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. CONTRACTOR 73
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation 12

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) BLUE MOUND Kansas

FATHER
13. NAME John J. Steele
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown ILLINOIS

MOTHER
15. MAIDEN NAME ~~Unknown~~ ELLA E. HOUSTON
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown IOWA

17. INFORMANT (ADDRESS) Hospital Records.

18. BURIAL, CREMATION, OR REMOVAL
PLACE MEMORIAL PARK DATE MARCH-16 1932

19. UNDERTAKER (ADDRESS) D. W. NEWCOMER'S SONS 2111 EAST 9TH ST.

20. FILED 3/15 1932 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 13 1932

22. I HEREBY CERTIFY, That I attended deceased from March 10, 1932 to March 13, 1932
I last saw him alive on March 13, 1932. Death is said to have occurred on the date stated above, at 11:20 PM
The principal cause of death and related causes of importance were as follows:

	Date of onset
1 Acute Uremia with chronic	1-3-9-32
2 Interstitial Nephritis	2-Unknown
131	
91	
132	

131

Other contributory causes of importance:
Arteriosclerosis-Generalized — Unknown

Name of operation ..... Date of .....
What test confirmed diagnosis? Phys. Exam & 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? No
If so, specify .....

(Signed) W. E. CHAMBERS, M. D.
(Address) W. E. CHAMBERS, Med. Officer in Charge
Vet. Adm. Hospital,
Kansas City, Missouri.