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.

MAY 23 1932

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

Do not use this space.

11958

1. PLACE OF DEATH
County Clay — Registration District No. 198 — File No. 11958
Township Fishing River — Primary Registration District No. 3011 — Registered No. 48
City Excelsior Springs, Mo. (No. Veterans Hospital St. 3rd Ward)

24 2 4

2. FULL NAME STEELE, Roy
(a) Residence, No. Veterans Hospital, Excelsior Springs, Mo. St. Ward 2914 Norton Ave., K.C.Mo
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. 5 mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: single
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): November 5, 1892
7. AGE: YEARS 38 — MONTHS 4 — DAYS 27 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: butcher 159
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: unknown
10. Date deceased last worked at this occupation (month and year): unknown
11. Total time (years) spent in this occupation: unknown

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

FATHER
13. NAME: Courtley Steele
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

MOTHER
15. MAIDEN NAME: Mattie McCabe
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): unknown 31

17. INFORMANT (ADDRESS): Veterans Hospital Records Excelsior Springs, Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE KC Mo. DATE 4/2 1932
19. UNDERTAKER (ADDRESS): Wettappleton & Jones 1600 E 19th St
20. FILED 4/2 1932 Y. D. Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): April 2, 1932, 19

22. I HEREBY CERTIFY, That I attended deceased from October 23, 1931, 19, to April 2, 1932, 19
I last saw him alive on April 2, 1932, 19 Death is said to have occurred on the date stated above, at 12:05am
The principal cause of death and related causes of importance were as follows:

Valvular heart disease, aortic regurgitation

92A

Date of onset

Other contributory causes of importance: Mitral stenosis and regurgitation

1

Name of operation none Date of
What test confirmed diagnosis? exam & obs. Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? none Date of injury, 19
Where did injury occur? none (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. none
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify unknown
(Signed) [signature], M. D.
(Address) Excelsior Springs, Mo.