

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

Do not use this space.

15638

1. PLACE OF DEATH

25 County Clinton Registration District No. 306
Township Jackson Primary Registration District No. 5285
City Clinton No. _____ St. _____ Ward _____

File No. _____
Registered No. 11

2. FULL NAME

Lafette Calvin Steel
(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)
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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ella Steel
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 17 1885
7. AGE YEARS 47 MONTHS 1 DAYS 9 If LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 257
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) Albany, Ind!
13. NAME Crocket Steel
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia
15. MAIDEN NAME Mary Jane Newman
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Albany, Ind!

17. INFORMANT Pedeline Steel
(ADDRESS) Clinton, Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE Albany, Ind DATE 5/25 32

19. UNDERTAKER Wm. W. Wrentham
(ADDRESS) Jackson
20. FILED May 23, 1932 J. A. Timney
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/23, 1932
22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.
I last saw him _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 7:10 a.m.

The principal cause of death and related causes of importance were as follows:
Instantly.
92 A
82 A
Apoplexy 92 A May 23 1932
Other contributory causes of importance: Leakage of Heart.
Date of onset _____
Name of operation none Date of _____
What test confirmed diagnosis? no 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 John Kay Carpenter, M. D.
(Signed) Clinton, Mo
(Address) Clinton, 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.

APR 21 1932

