

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

Do not use this space.

31654

File No. _____
Registered No. 240
St. _____ Ward _____

1. PLACE OF DEATH

County Cape Girardeau
Township _____
City _____

Registration District No. 125
Primary Registration District No. 5128

(No. Rural Route) 3

2. FULL NAME

Mrs Amelia Steele

(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 L H Steele

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 22 - 1883

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
48 9 15

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 233

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) Cape Girardeau, Mo

13. NAME John Foeste

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cape Girardeau, Mo

15. MAIDEN NAME Sera Proctor

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cape Girardeau, Mo

17. INFORMANT (ADDRESS) L H Steele Cape Girardeau Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Home DATE Oct 9 1932

19. UNDERTAKER (ADDRESS) Printed - Howell Cape Girardeau Mo

20. FILED 1077 1932 W. C. Campbell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 7 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 7 1932 to Oct 7 1932
I last saw him alive on Oct 7 1932. Death is said to have occurred on the date stated above, at 1:35 P m.

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

Chronic Gastritis and General weakness
Brain Drain

Other contributory causes of importance: (1)

Name of operation None Date of _____
What test confirmed diagnosis? None Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no Date of injury no 1932
Where did injury occur? no (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury no
Nature of injury no

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____

(Signed) A. H. Howard, M. D.
(Address) Cape Girardeau 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.

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