

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

Do not use this space.

10428

1. PLACE OF DEATH

County Montgomery
Township Wellsboro
City Wellsboro (No. 423)

Registration District No. 595
Primary Registration District No. 597

File No. 6
Registered No. 6
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred - yrs. - mos. 4 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widower</u>
5a. IF MARRIED, WIDOWED, OR DIVORCED— HUSBAND OR (OR) WIFE OF <u>Widower</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug. 3, 1861</u>		
7. AGE	YEARS <u>71</u>	MONTHS <u>7</u>
	DAY <u>28</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Farming</u>	
	10. Date deceased last worked at this occupation (month and year) <u>Apr. 7, 1933</u>	
11. Total time (years) spent in this occupation <u>50</u>		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Montgomery Mo</u>		
MOTHER	13. NAME <u>John Steele</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>	
	15. MAIDEN NAME <u>Estel</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>	
17. INFORMANT <u>Joseph E. Steele</u> (ADDRESS) <u>Wellsboro Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>State Cemetery</u> DATE <u>9/13 33</u>		
19. UNDERTAKER (ADDRESS) <u>Wellsboro Mo</u>		
20. FILED <u>March 15, 1933</u> <u>Mrs. B. Stewart</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 11, 1933

22. I HEREBY CERTIFY, That I attended deceased from March 5, 1933, to March 11, 1933
I last saw him alive on March 11, 1933. Death is said to have occurred on the date stated above, at 3 P. m.
The principal cause of death and related causes of importance were as follows:
Uraemia Date of onset March 5-33
Chronic Parenchymatous Nephritis (7 years)
131
Other contributory causes of importance:
Artero-Sclerosis ? yrs. (Diffuse type)
Name of operation _____ Date of _____
What test confirmed diagnosis? Stained 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) A. A. Markovich, M. D.
(Address) Wellsboro Mo

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.

APR 15 1933

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