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 22 1933

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

Do not use this space.

13793

1. PLACE OF DEATH
County: Lincoln
Township:
City: Elsberry (No. ..... St. ..... Ward)
Registration District No. 486
Primary Registration District No. 4293
File No.
Registered No. 13

2. FULL NAME: William Steele

(a) Residence. No. ..... St., ... Ward. .....
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M.
4. COLOR OR RACE: B
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Single

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR): 7-X-1871

7. AGE: Years 62. Months — Days — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Farmer
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9. BIRTHPLACE (CITY OR TOWN): Paynesville
(STATE OR COUNTRY): Pike Co. Mo.

PARENTS

10. NAME OF FATHER: Jack Steele
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Pike Co
(STATE OR COUNTRY): Mo.
12. MAIDEN NAME OF MOTHER: Caroline Hurd
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Lincoln
(STATE OR COUNTRY): Co Mo.

14. INFORMANT: Ulysses Steele
(Address): Elsberry Mo

15. FILED 5-10, 1933 C. E. Powell
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Apr. 23 1933

17. I HEREBY CERTIFY, That I attended deceased from April 18, 1933, to April 23, 1933 that I last saw h. alive on April 23, 1933, and that death occurred, on the date stated above, at 9 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
(1) Chronic myocarditis with heart failure
(2) Chronic nephritis
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY): Hypertension (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) A. C. Scott, M. D
, 19 (Address) Elsberry, Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Ramsey Cemetery
DATE OF BURIAL: 4/25 1933

20. UNDERTAKER: W. D. Bradley
ADDRESS: Elsberry