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.

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

Do not use this space.

29412

1. PLACE OF DEATH
40 County Grundy — Registration District No. 330 — File No.
4 Township — Primary Registration District No. 3017 — Registered No.
7 City Trenton (No. , St. Ward)

2. FULL NAME Lee A. Steele

(a) Residence, No. 703 Emma St St., 4 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
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 Lockie A Steele

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feby 5th 1852

7. AGE: YEARS 81 — MONTHS 7 — DAYS 11 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Blacksmith
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. General work as custodian at municipal light plant
10. Date deceased last worked at this occupation (month and year) 1932
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Beverley Illinois

FATHER
13. NAME Dont know
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont know

MOTHER
15. MAIDEN NAME Dont know
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont know

17. INFORMANT (ADDRESS) Mrs Lockie A Steele Trenton Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Maple Grove DATE Sept 18th 1933

19. UNDERTAKER (ADDRESS) A H Hemley Trenton

20. FILED Sept 22 1933 Ed Duffy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 16th, 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 10, 1933, to Sept 16, 1933
I last saw him alive on Sept 16, 1933 Death is said to have occurred on the date stated above, at 3.55 P m.
The principal cause of death and related causes of importance were as follows:

Acute Gastro-Enteritis — Date of onset
120 B
162
12 08

Other contributory causes of importance: Sterility

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

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) [signature], M. D.
(Address) Trenton Mo