

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

Do not use this space.

36617

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township Raw Primary Registration District No. 1002
City Kansas City (No. Research Hospital)

File No. _____
Registered No. 4540
St. _____ Ward _____

FULL NAME

Samuel S. Steele
(a) Residence, No. Chaunty, Kansas 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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>married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Jessie Steele</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>10-8-1868</u>				
7. AGE	YEARS <u>65</u>	MONTHS <u>1</u>	DAYS <u>11</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>Physician</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.			
	10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation <u>95</u>	
MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Scotland</u>			
	13. NAME <u>Andrew Steele</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Scotland</u>			
	15. MAIDEN NAME <u>Unknown</u>			
FATHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)			
	17. INFORMANT (ADDRESS) <u>J. H. Cable</u> <u>Chaunty, Kansas</u>			
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Chaunty, Kansas</u> DATE <u>11-20</u> 19 <u>33</u>				
19. UNDERTAKER (ADDRESS) <u>Hickson & Son</u> <u>11. C. R.</u>				
20. FILED <u>Nov 19</u> 19 <u>33</u> <u>M. M. Corow</u> <u>Regist.</u>				

7 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-18 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 11 1933 to Nov 18 1933
I last saw him alive on Nov 15 1933 Death is said to have occurred on the date stated above, at 20 m.
The principal cause of death and related causes of importance were as follows:

<u>Chronic Hypertension</u>	Date of onset <u>10/20/30</u>
<u>Coronary atherosclerosis</u>	
<u>Coronary artery sclerosis</u>	
<u>Chronic nephritis</u>	
<u>Coronary arteriosclerosis</u>	
Other contributory causes of importance: <u>Arteriosclerosis</u>	<u>2 mos</u>
<u>Severe lung congestion</u>	<u>2 wks</u>
<u>uremia</u>	

Name of operation: _____ 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) Lawrence S. Belue, M. D.
(Address) 1137 Professional Bldg.

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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