

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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

Do not use this space.

1. PLACE OF DEATH

County Jackson Registration District No. 2002 File No. 413
 Township Frank Primary Registration District No. _____ Registered No. 413
 City Keosauqua (No. Trinity Lutheran Hospital Ward)

2. FULL NAME

(a) Residence, No. 501 Steele 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 Female 4. COLOR OR RACE Wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF W. M. Steele
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb-8-1899
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
34 10 19

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.
 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) Kansas

13. NAME J. L. Baker

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

15. MAIDEN NAME Electra Marvinne

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

17. INFORMANT W. M. Steele
 (ADDRESS) South Center, KS

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Moran, Mo DATE Jan-27-34

19. UNDERTAKER Miss C. J. Foster
 (ADDRESS) 418 Broadway, Keosauqua, Mo

20. FILED Jan 27 1934 W. M. Steele Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 27, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan. 13, 1934, to Jan. 27, 1934

Last saw her alive on Jan 27, 1934. Death is said to have occurred on the date stated above, at 10:05 a.m.

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

Ventricular Fibrillation
66
65
 Other contributory causes of importance:
Myo pericarditis
Metabolic rate 76.5

Name of operation No operation Date of _____
 What test confirmed diagnosis? _____ 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?
 If so, specify _____

(Signed) John A. Outland, M. D.
 (Address) 1025 P. O. Bldg. Kansas City, Mo.

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. 1934

