

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

Do not use this space.

1. PLACE OF DEATH

County Barton
Township Richland
City Barton, Mo. (No. _____)

Registration District No. 1004 ✓
Primary Registration District No. 5049 ✓

File No. 7743
Registered No. 5
St. _____ Ward _____

2. FULL NAME Alexander Steelman

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

Length of residence in city or town where death occurred 15 yrs. mos. 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 5th 1863

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
71 2 6

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

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) Roadhouse, Ill.

FATHER 13. NAME Alexander Steelman

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) North Saralima

MOTHER 15. MAIDEN NAME Mrs. Maddy

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

17. INFORMANT (ADDRESS) F. M. Steelman
Bonne Terre, Mo.

18. BURIAL, CREMATION, OR REMOVAL (PLACE) Lamar, Mo. (DATE) March 13th 1934

19. UNDERTAKER (ADDRESS) Reiter Bros.
Jasper, Mo.

20. FILED 4/10 1934 Shelina Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 11 1934

22. I HEREBY CERTIFY, That I attended deceased from March 1, 1934, to March 6, 1934
I last saw him alive on March 6, 1934 Death is said to have occurred on the date stated above, at 3:30 p.m.
The principal cause of death and related causes of importance were as follows:

Multiple Sclerosis
Chronic myocardial insufficiency
Date of onset 9/30/2

Other contributory causes of importance:
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) Lloyd B. Clutter, M. D.
(Address) Carthage 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.

PHYSICIANS AND SURGEONS
OF THE DISTRICT OF COLUMBIA
AND THE TERRITORIES
AND THE STATES OF
ALABAMA, ARIZONA, CALIFORNIA,
CONNECTICUT, DELAWARE, DISTRICT OF COLUMBIA,
FLORIDA, GEORGIA, ILLINOIS, INDIANA,
IOWA, KANSAS, KENTUCKY, LOUISIANA,
MAINE, MASSACHUSETTS, MICHIGAN,
MINNESOTA, MISSISSIPPI, MISSOURI,
MONTANA, NEBRASKA, NEVADA,
NEW HAMPSHIRE, NEW JERSEY,
NEW YORK, NORTH CAROLINA,
NORTH DAKOTA, OHIO, OKLAHOMA,
OREGON, PENNSYLVANIA, RHODE ISLAND,
SOUTH CAROLINA, SOUTH DAKOTA,
Tennessee, Texas, Utah, Vermont,
Virginia, Washington, West Virginia,
Wisconsin, Wyoming

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BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Barton
Township Rickland
City (No. _____) _____ St. _____ Ward _____

Registration District No. 1004
Primary Registration District No. 5049

File No. 5
Registered No. 5

2. FULL NAME

Alexander Steelman

(a) Residence, No. _____ St. _____ Ward _____ (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 m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<u>71</u>	<u>2</u>	<u>6</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

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) Rhode House see

13. NAME Alexander Steelman

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) North Carolina

15. MAIDEN NAME Wass Mottley

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) North Carolina

17. INFORMANT (ADDRESS) J. M. Steelman

18. BURIAL, CREMATION, OR REMOVAL PLACE Lamar DATE Mar. 3

19. UNDERTAKER (ADDRESS) Seiter Bro.

20. FILED 4/10 1934 Thelma Crabolt

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 11 1934

22. I HEREBY CERTIFY, That I attended deceased from Mar 1 1934, to Mar 6 1934. I last saw him alive on Mar 6 1934. Death is said to have occurred on the date stated above, at 5:30 p.m.

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

Other contributory causes of importance: Chronic Myocardial Insufficiency

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? _____ If so, specify _____

(Signed) Loyal Clinton, M. D.
(Address) Carthage Mo

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

S-7743