

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.

JUL 14 1934

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

Do not use this space.

1. PLACE OF DEATH
 164 County Stone Registration District No. 846
 Township Grant Primary Registration District No. 6105
 City (No. _____) St. _____ Ward _____

2. FULL NAME Mrs. Mary J. 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

File No. 27988
 Registered No. 13

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 30 - 1852

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
81 8 1

OCCUPATION 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) now 11. Total time (years) spent in this occupation _____

MOTHER 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Franklin Clear mo
 13. NAME Paul Ester
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.
 15. MAIDEN NAME Pauline Carpenter
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.

FATHER 17. INFORMANT Geo. Steele
 (ADDRESS) Marionville, Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Marionville 7.0 miles DATE 7-3-34
 19. UNDERTAKER A. S. Wallace
 (ADDRESS) Bellvue Mo.
 20. FILED 7-10-34 19. 34 H. A. Johnson
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-1-34 1934

22. I HEREBY CERTIFY, That I attended deceased from saw her after sudden death, 1934
 I last saw her alive on 6-20-1934 Death is said to have occurred on the date stated above, at 9 a. m.
 The principal cause of death and related causes of importance were as follows:
Apoplexy Date of onset 7-3-34
106
100 QW
 Other contributory causes of importance: Hypertension

Name of operation none Date of _____
 What test confirmed diagnosis? clinical (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? no
 If so, specify _____
 (Signed) H. L. Tarkenton, M. D.
 (Address) Oran Mo.

