

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

Do not use this space.

NOV 15 1934

41679

1. PLACE OF DEATH

County Stone
Township Union
City (No.)

Registration District No. 846
Primary Registration District No. 6110

File No.
Registered No. 27 2nd
St. Ward

2. FULL NAME

N. C. Steele

(a) Residence, No. St. Ward.

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 Bud Steele

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) aug. 20th 1861

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
73 2 13

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

13. NAME Bill Soloway

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

15. MAIDEN NAME Betty Williams

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

17. INFORMANT (ADDRESS) Ted Fugitt

18. BURIAL, CREMATION, OR REMOVAL PLACE White Cemetery 11-2 1934

19. UNDERTAKER (ADDRESS) T. W. Peoples

20. FILED 11-2- 1934 H. G. Dunning Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 2nd 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 26 1934 to Nov 2nd 1934
I last saw her alive on 10/26/34, 19 Death is said to have occurred on the date stated above, at 6⁰⁰ p.m.

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

Chronic bronchitis Date of onset
Chronic Myocarditis
Chronic Endocarditis
Other contributory causes of importance: 131 age

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) Ans Palmer
(Address) Hurley no 110

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.

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