

APR 26 1935

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

Do not use this space.

1. PLACE OF DEATH

County SULLIVANRegistration District No. 852Township PLEASANT HILLPrimary Registration District No. 6122

City (No. _____ St. _____ Ward _____)

File No. 7813

Registered No. _____

2. FULL NAME WILLIAM HERBERT 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 40 yrs. mos. ds.

How long in U. S., if of foreign birth? yrs. mos. ds.

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 OF
(OR) WIFE OFDORA C. STEELE

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

Sept 19-1869

7. AGE

YEARS

66

MONTHS

5

DAYS

6

If LESS than 1

day, _____ hrs.

or _____ min.

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.FARMING9. 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 Life12. BIRTHPLACE (CITY OR TOWN),
(STATE OR COUNTRY)Scholar Co.
Iowa

13. NAME

Wm H. Steele14. BIRTHPLACE (CITY OR TOWN),
(STATE OR COUNTRY)Mont Leno, Ia.

15. MAIDEN NAME

Rebe Meyers16. BIRTHPLACE (CITY OR TOWN),
(STATE OR COUNTRY)Mont Leno17. INFORMANT
(ADDRESS)Alena Steele
Steele, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE MT. ZIONDATE 2-27 193519. UNDERTAKER
(ADDRESS)W. J. Janssens
Steele, Mo.

20. FILED

Mar 27 1935

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 25 1935

22. I HEREBY CERTIFY, That I attended deceased from

Aug 1933 to Feb 25 1935I last saw him alive on Feb 19 1935 Death is saidto have occurred on the date stated above, at 12:15 p.m.

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

Nephritis, Acute

Date of onset

Feb 151935

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? Urinalysis 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) W. J. Janssens, M. D.(Address) Steele, 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.

1935

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

Do not use this space.

1. PLACE OF DEATH

County St. Louis
Township.....
City..... (No. St. Ward)

Registration District No. 852
Primary Registration District No. 6122

File No.
Registered No.

2. FULL NAME

William Herbert 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.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 66 5 6

OCCUPATION 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, month, and day) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

FATHER 13. NAME

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

MOTHER 15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE

19. UNDERTAKER (ADDRESS)

20. FILED May 20 1935 Cleo Hagan Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 25 1935

22. I HEREBY CERTIFY, That I attended deceased from 19....., to....., 19..... I last saw him alive on....., 19..... Death is said to have occurred on the date stated above, at..... m.

The principal cause of death and related causes of importance were as follows: acute nephritis as far as I know abscessed teeth

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? If so, specify

(Signed)....., M. D. (Address).....

SUGGESTED

130

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MAY 15 1935

S-7813