

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

Do not use this space.

*MM* 2 2 1935

**1. PLACE OF DEATH**

County *Gentry* Registration District No. *309*  
 Township *Albany* Primary Registration District No. *4185*  
 City *Albany* (No. *Stelle*) St. *Albany* Ward *24*

File No. *19417*

Registered No. *24*

**2. FULL NAME**

(a) Residence, No. *Albany Mo.* St. *Albany* Ward *24*  
 (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 *Female* 4. COLOR OR RACE *W.* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Single*  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *June 16, 1935*  
 22. I HEREBY CERTIFY That I attended deceased from *June 16, 1935* to *June 16, 1935*  
 I last saw him alive on *June 16, 1935* Death is said to have occurred on the date stated above, at *5:30 a.m.*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Apr. 28 - 1909*  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
*26 1 18*

The principal cause of death and related causes of importance were as follows:  
*Auto mobile Accident* Date of onset *5/11*

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

Other contributory causes of importance:  
*None*

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Wasson County*

13. NAME *Roy Steele*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Wasson County*

15. MAIDEN NAME *Lennie Lowe*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Wasson County*

17. INFORMANT *Roy Steele* (ADDRESS) *Pattonburg, Mo.*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Oak Ridge* DATE *June 17, 1935*

19. UNDERTAKER *H. S. Gromb* (ADDRESS) *Pattonburg, Mo.*

20. FILED *June 16, 1935* *W. T. Martin* Registrar.

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? *Accident* Date of injury *June 16, 1935*  
 Where did injury occur? *on road near Pattonburg* (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.  
*on public road*  
 Manner of injury  
 Nature of injury *Skull fracture & bruises*

24. Was disease or injury in any way related to occupation of deceased?  
 If so, specify (Signed) *W. T. Martin*, M. D.  
 (Address) *Albany, 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.

THIS IS A PERMANENT RECORD



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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

**1. PLACE OF DEATH**

County Centry Registration District No. 309  
 Township \_\_\_\_\_ Primary Registration District No. 4185  
 City Albany (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
 Registered No. 24

**2. FULL NAME**

Dora 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**

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED W  
(write the word)

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  
26 1 \_\_\_\_\_  
hrs. or min.

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) spent in this occupation \_\_\_\_\_

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

MOTHER FATHER  
 13. NAME \_\_\_\_\_

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

15. MAIDEN NAME \_\_\_\_\_

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

17. INFORMANT (ADDRESS) \_\_\_\_\_

18. BURIAL, CREMATION, OR REMOVAL PLACE \_\_\_\_\_ DATE \_\_\_\_\_ 19

19. UNDERTAKER (ADDRESS) \_\_\_\_\_

20. FILED Aug 8 1935 W. J. Martin Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 16 1935

I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_  
 I last saw h\_\_\_\_\_ 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:

automobile accident (Date of onset)  
She was riding on running Road & car and truck went to part from rear of car and hit her  
 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) W. J. Martin, M. D.  
 (Address) Albany Mo.

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

AUG 6 1953

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