OCT 2 2 1935

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

Do not use this space.

29547

1. PLACE OF DEATH

County: Jackson — Registration District No.: — File No.:

Township: Kaw — Primary Registration District No.: — Registered No.:

City: Kansas City (No. Research Hospital St. ... Ward)

2. FULL NAME: Geo C. Steele

(a) Residence, No. Weston Mo St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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: 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 OF: Christina

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept 15 1872

7. AGE: YEARS 62 (about) | MONTHS 11 | DAYS 25 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

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

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): Weston Mo

FATHER

13. NAME: Christopher Steele

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

MOTHER

15. MAIDEN NAME: Mary Ellen Warner

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Plattsburg Mo

17. INFORMANT (ADDRESS): Miss Ada Steele Weston Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Weston Mo DATE: 9-12-35

19. UNDERTAKER (ADDRESS): Ritz-McClure 3235 Gillham Boul

20. FILED: Sept 12, 1935 M. M. Jerome, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 9-10, 1935

22. I HEREBY CERTIFY, That I attended deceased from 8-1, 1935, to 9-10, 1935

I last saw h. alive on 9-10, 1935. Death is said to have occurred on the date stated above, at 4:30 P m.

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

	Date of onset
Carcinoma Pancreas with involvement liver.	
4 b	

Other contributory causes of importance:

arteriosclerosis

Name of operation: ... Date of: ...

What test confirmed diagnosis? clinical Was there an autopsy? yes

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) Donald Black, M. D.

(Address) 924 Prospect

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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