JAN 21 1936

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

Do not use this space.

42219

1. PLACE OF DEATH JAN 21 1936

County Sullivan — Registration District No. 852 — File No.

Township Pleasant Hill — Primary Registration District No. 6122 — Registered No.

City (No. , St. Ward)

2. FULL NAME Ronny Myers Steele

(a) Residence, No. 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 21 1928

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	7	6	26	

OCCUPATION

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

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) Pleasant Hill twp Sullivan Co

FATHER

13. NAME Herbert J Steele

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sullivan Co Pleasant Hill twp

MOTHER

15. MAIDEN NAME Mayme Shaw

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

17. INFORMANT (ADDRESS) Herbert J Steele Cora Mo

18. BURIAL, CREMATION, ~~OR REMOVAL~~ PLACE Mount Zion Cem DATE Dec 19 1935

19. UNDERTAKER (ADDRESS) C A Schoene Milan, Mo

20. FILED Jan 4 1936 Cleo Hagan Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12 - 17 , 1935

22. 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 8 pm m.

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

No doctor in attendance. Statement of relatives indicates that child died of:—

Acute Myocardial failure —

Other contributory causes of importance:

Child had been in poor health for some time. Coma + death in 45 minutes.

Name of operation Date of

What test confirmed diagnosis? 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) E W Hickson , M. D.

(Address) Milan Mo — County Health Officer

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.

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD