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.

MAY 19 1936

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

Do not use this space.
11072-6

File No.
Registered No. 1764

1. PLACE OF DEATH
County Jackson Registration District No. 399
Township Kansas Primary Registration District No. 1002
City Kansas City (No. 217 W 12th St. Ward)

2. FULL NAME Fay Chas Steck

(a) Residence, No. 217 W. 12 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: M.
4. COLOR OR RACE: Wh.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Grace Mable Steck

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept 22-1890

7. AGE: Years 45 | Months 6 | Days 8 | If LESS than 1 day, ...hrs. or ...min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Hotel
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Clerk
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): Cameron Mo.

FATHER
13. NAME: Chas Steck
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Liberty Mo.

MOTHER
15. MAIDEN NAME: Katie David
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Cameron Mo.

17. INFORMANT (ADDRESS): Grace Mable Steck 217 W. 12th

18. BURIAL, CREMATION, OR REMOVAL
PLACE Liberty Mo DATE 4-3 1936

19. UNDERTAKER (ADDRESS): Eylar Funeral Home 7th & C. Mo

20. FILED Apr. 1, 1936 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): March 30, 1936

22. I HEREBY CERTIFY, That I attended deceased from 3/29 1936, to 3/30 1936
I last saw him alive on 3/30, 1936. Death is said to have occurred on the date stated above, at 10 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	3/28/36
Coma	
Other contributory causes of importance:	
Influenza	3/27-36

Name of operation: None 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? No Date of injury, 19..
Where did injury occur? No
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. No
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Chas R. Lane, M. D.
(Address) Walthum Bldg.

11072-B