JUL 29 1936

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

Do not use this space.

18372-2

1. PLACE OF DEATH
County Wayne Registration District No. 840
Township St. Francis Primary Registration District No. ~~4034~~ 6140
City (No. , St. Ward)
File No.
Registered No.

2. FULL NAME Clarence 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 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~~) Viola Steele

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 3 - 1894

7. AGE YEARS 42 MONTHS DAYS 18 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
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) Wayne Co Mo.

FATHER
13. NAME Joseph Steele
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't Know.

MOTHER
15. MAIDEN NAME Laura Parton
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wayne Co Mo.

17. INFORMANT (ADDRESS) Laurence Parton Silva, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Murphys, Cem DATE 4-21-36

19. UNDERTAKER (ADDRESS) None

20. FILED 4/22, 1936 A. F. Templeton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 21 - 1936

22. I HEREBY CERTIFY, That I attended deceased from April 12 - 1936, to April 21, 1936
I last saw him alive on April 12, 1936. Death is said to have occurred on the date stated above, at 2 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Liver	1 yr.

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? No
If so, specify
(Signed) Jno F Wagner, M. D.
(Address) Greenville, 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.