

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

NOV 26 1936

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

Do not use this space.

37796

1. PLACE OF DEATH

County Jackson Registration District No. 399  
Township Raw Primary Registration District No. 1002  
City Kansas City (No. St Joseph Hospital) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 1651

2. FULL NAME

John T Steele  
(a) Residence, No. 2638 Spruce St., \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred 30 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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July - 30 - 1854

7. AGE YEARS 82 MONTHS 2 DATE 20 19 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) Washington Co. Ill

FATHER  
13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER  
15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Mrs F. O. Wimmer 2638 Spruce

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial PK DATE Oct - 21 1936

19. UNDERTAKER (ADDRESS) How New Comers Sons Kansas City Mo

20. FILED - 10/21 1936 M. M. Grove Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct - 19 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 5, 1936, to Oct 19, 1936

I last saw him alive on Oct 18, 1936. Death is said to have occurred on the date stated above, at 5 P. m.

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

Coronary Occlusion  
Ch Myocarditis

Date of onset  
?

Other contributory causes of importance:  
Chronic interstitial nephritis  
Hypertension  
Spinal

Name of operation 0 Date of 0

What test confirmed diagnosis? Clinical 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 0, 19 \_\_\_\_\_  
Where did injury occur? 0 (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. \_\_\_\_\_

Manner of injury 0  
Nature of injury 0

24. Was disease or injury in any way related to occupation of deceased? NO  
If so, specify \_\_\_\_\_

(Signed) Ruth Perry, M. D.  
(Address) 1800 E 20th St

Dr <sup>D.O.</sup> Almonds - 4800 E-24+L 25

Re