

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

Do not use this space.

42009

JAN 23 1937

**1. PLACE OF DEATH**

County New Madrid Registration District No. 821  
Township Big Prairie EAST Primary Registration District No. 5801  
City Mathews Mo (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

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

**2. FULL NAME**

Mary Ann Steel  
(a) Residence, No. Mathews Mo R#2 St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred 81 yrs. 7 mos. 26 ds. How long in U. S., if of foreign birth? yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. \_\_\_\_\_

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mrs W. Steel</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Apr. 4 1855</u>				
7. AGE	YEARS <u>81</u>	MONTHS <u>7</u>	DAYS <u>26</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Domestic</u>			
	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 _____			

**MEDICAL CERTIFICATE OF DEATH**

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

22. I HEREBY CERTIFY, That I attended deceased from Nov 29, 1936, to Nov 30, 1936

I last saw her alive on Nov 30, 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:

Acute Lobar Pneumonia Date of onset Nov 29 - 30

Other contributory causes of importance: None

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? Cholera 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? \_\_\_\_\_  
If so, specify \_\_\_\_\_

(Signed) H. M. Steel, M. D.  
(Address) Mathews Mo

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>New Madrid County</u>
	13. NAME <u>Francis Moore</u>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>New Madrid Mo</u>
	15. MAIDEN NAME <u>Jane M<sup>o</sup> Malheur</u>
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Deats County Mo</u>
	17. INFORMANT <u>J. H. Steel</u> (ADDRESS) <u>Sikeston Mo.</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Mathews Cemetery</u> DATE <u>Nov 1st 1936</u>	
19. UNDERTAKER <u>John Allerton</u> (ADDRESS) <u>Mathews Mo</u>	
20. FILED <u>12-5</u> 19 <u>36</u> <u>W. H. Pruitt, M.D.</u> Registrar	

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.

