

FEB 17 1937

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

Do not use this space.

1019

1. PLACE OF DEATH  
40 County Grundy Registration District No. 328  
4 Township Franklin Primary Registration District No. 3017  
4 City Franklin (No. 22) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Phillips Steele  
(a) Residence, No. 1805 N. Main St. \_\_\_\_\_ Ward 1  
(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

MEDICAL CERTIFICATE OF DEATH

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12-10-36  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 26

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-5 1937  
22. I HEREBY CERTIFY, That I attended deceased from Jan. 4, 1937, to Jan. 5, 1937.  
I last saw him alive on Jan. 5, 1937. Death is said to have occurred on the date stated above, at 11 a.m.  
The principal cause of death and related causes of importance were as follows:

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

Primary Broncho-pneumonia Date of onset 1-2-37  
Other contributory causes of importance

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo  
13. NAME Carl Steele  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo  
15. MAIDEN NAME Velva Johnson  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
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 \_\_\_\_\_, 19\_\_\_\_  
Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT Ray Johnson (ADDRESS) Franklin Mo  
18. BURIAL, CREMATION, OR REMOVAL PLACE Valley Cemetery DATE 1-6-37 19\_\_\_\_  
19. UNDERTAKER Spson Mortuary (ADDRESS) \_\_\_\_\_  
20. FILED 1-6 1937 Irene D. Fair Registrar.

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_  
24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify \_\_\_\_\_  
(Signed) W. H. Cullers M. D.  
(Address) Franklin Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

