

SEP 20 1937

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

Do not use this space.

31072

## 1. PLACE OF DEATH

County Lawrence  
Township Aurora  
City Aurora (No. 2)Registration District No. 467  
Primary Registration District No. 4280File No. \_\_\_\_\_  
Registered No. 54  
St. \_\_\_\_\_ Ward \_\_\_\_\_2. FULL NAME William David Steele(a) Residence, No. Springfield Mo. 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Laura Steele6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec, 17-18607. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
76 7 218. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

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) Kansas.13. NAME James Steele14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri.15. MAIDEN NAME Lucinda Tapman16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.17. INFORMANT George Steele  
(ADDRESS) Aurora Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Toronto Kans. DATE Aug, 9 193719. UNDERTAKER King Funeral Home  
(ADDRESS) Aurora Mo.20. FILED 8-7 1937 R. D. Cowan M.D.  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug, 7 1937

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_

I last saw him alive on after death Death is saidto have occurred on the date stated above, at 10.35 A.M.

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

Chronic Date of onset \_\_\_\_\_Myocarditis Vol. 10Other contributory causes of importance: abcName of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? history Was there an autopsy? no23. 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.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? noIf so, specify Herman Surridge (Cowan)(Signed) R. D. Cowan M.D.  
(Address) Aurora 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.

