

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.

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

Do not use this space.

1. PLACE OF DEATH

County Agals
Township Saverton
City Hannibal, Mo.

Registration District No. 7-26
Primary Registration District No. 6968

File No. 3838
Registered No. 340

2. FULL NAME

(a) Residence, No. Hannibal, Mo. #3 St. 340 Ward.

(Usual place of abode) (If nonresident, give city or town and State)

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 Margaret

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 27 1850

7. AGE YEARS 87 MONTHS 1 DAYS 27 IF LESS than 1 day, hrs. or min.

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. Retired.
10. Date deceased last worked at this occupation (month and year) Dec 27 1850
11. Total time (years) spent in this occupation Retired.

12. BIRTHPLACE (CITY OR TOWN) Ill (STATE OR COUNTRY) Ill

13. NAME James Steele

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

15. MAIDEN NAME Mary Pea

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

17. INFORMANT Mr. Arthur Steele (ADDRESS) Saverton, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Wentworth Cemetery DATE Jan 26 1938

19. UNDERTAKER James J. Brown (ADDRESS) Hannibal, Mo.

20. FILED 7/8 38 Blanche Magon Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 23 1938

22. I HEREBY CERTIFY That I attended deceased from Jan - 20 1938 to Jan 23 1938
I last saw him alive on Jan 20 1938 Death is said to have occurred on the date stated above, at 3 a.m.

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

Bronchial Pneumonia Date of onset 1-20-38

Other contributory causes of importance: Senility

Name of operation Senility Date of 1-20-38

What test confirmed diagnosis? Senility Was there an autopsy? Senility

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Senility Date of injury 1-20-38

Where did injury occur? Senility (Specify city or town, county, and State)

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

Manner of injury Senility

Nature of injury Senility

24. Was disease or injury in any way related to occupation of deceased? Senility

If so, specify Senility

(Signed) J. B. Norton M. D.

(Address) Hannibal, Mo.

RECEIVED

FEB 28 1938

BUREAU OF VITAL STATISTICS
MO. STATE BOARD OF HEALTH