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

REC'D JUN 17 1938

19625
Do not use this space.

1. PLACE OF DEATH
(a) County Saline
(b) Township Marshall
(c) City Marshall
Registration District No. 796
Primary Registration District No. 3038
Registered No. 90
(d) Street No. ..... St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME McNally Bascom Steel
(a) Residence, No. 78 W. Porter St.
(Usual place of abode, if no street address, write county or city) (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 Maude McKown

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 29, 1867

7. AGE: Years 70 | Months 7 | Days 2 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Contractor
9. Industry or business in which work was done, as 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) Arrow Rock, Missouri

FATHER
13. NAME B.P. Steel
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER
15. MAIDEN NAME Elizabeth-unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Mrs. Charles Petry, Sr.
(ADDRESS) Marshall, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Ridge Park Cem DATE June 2 1938

19. FUNERAL DIRECTOR J.L. Sweeney
(ADDRESS) Marshall, Mo.

20. FILED 6-2-1938 Mary Kent
Deputy Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 31 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug 1937, to May 31 1938
I last saw h... alive on May 31 1938. Death is said to have occurred on the date stated above, at 8:10 P m.
The principal cause of death and related causes of importance were as follows:

Cerebral Embolism (Stroke, 2) — Date of onset May 29 1st, May 31 2nd

H ½

Other contributory causes of importance:
Cancer of descending Colon

Name of operation none Date of
What test confirmed diagnosis? Pathologist 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.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) Richard T. Muckles D.O., ~~M. D.~~
(Address) 22½ S. Jefferson Marshall, Mo.

(Licensed Embalmer's Statement on Reverse Side)

NOTE: Accuracy 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.

STATEMENT BY LICENSED EMBALMER

I, J. Leslie Simmons, Licensed Embalmer No. 3235

hereby certify that the body recorded on the reverse side of this certificate was embalmed by J. Leslie Simmons

L. E.

No. ✓ or by ✓, Registered Apprentice No. ✓

working under my personal supervision.

Signed J. Leslie Simmons

Licensed Embalmer No. 3235

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)