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 RECD JUL 20 1938

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

22016  
 Do not use this space.

1. PLACE OF DEATH

(a) County Iron Registration District No. 391  
 (b) Township Arcadia Primary Registration District No. 4230 Registered No. 35  
 (c) City Irnton (d) Street No. St. Marys of Arcadia Valley Hosp. 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

Hugh Steel 340  
 (a) Residence, No. Bismarck Mo. St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Flora Steel

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 15, 1872

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
66 3 26

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. merchant  
 9. Industry or business in which work was done, as saw mill, bank, etc. hardware  
 10. Date deceased last worked at this occupation (month and year) May 1938 11. Total time (years) spent in this occupation

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

FATHER 13. NAME George Steel

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

MOTHER 15. MAIDEN NAME Mildred Lee

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

17. INFORMANT Mrs. Flora Steel (ADDRESS) Bismarck Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Arcadia Mo. DATE June 13, 1938  
(Masonic Cem.)

19. FUNERAL DIRECTOR (ADDRESS) White & Hill  
Bismarck Mo.

20. FILED 6/18 19 38 Ra Barch Local Registrar. 353

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 11, 1938

22. I HEREBY CERTIFY, That I attended deceased from May 28, 1938, to June 11, 1938

I last saw him alive on June 11, 1938 Death is said to have occurred on the date stated above, at 11:58 A.

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

lobar pneumonia

Date of onset

Other contributory causes of importance: pyelitis

Name of operation none Date of

What test confirmed diagnosis? 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? NO  
 If so, specify

(Signed) Geo. W. Gay, M. D.  
 (Address) Irnton, Missouri

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.

STATEMENT BY LICENSED EMBALMER

I, ancel J. White, Licensed Embalmer No. 3012

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed.

*Ancel J. White*

Licensed Embalmer No. 3012

**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.)**