REC'D JUL 22 1938

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

22477
Do not use this space.

1. PLACE OF DEATH
(a) County MONROE — Registration District No. 5-82
(b) Township WASHINGTON — Primary Registration District No. 5-780 — Registered No. 22
(c) City ..... (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 HENRY A. STEELE 340
(a) Residence, No. MONROE Co., Mo. 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 BESSIE STEELE

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) AUG. 4, 1854

7. AGE: YEARS 83 | MONTHS 10 | DAYS 9 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. FARMER
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) 1930
11. Total time (years) spent in this occupation ACTIVE LIFE

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MONROE Co., Mo.

FATHER
13. NAME EDGAR STEELE
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) VA.

MOTHER
15. MAIDEN NAME SARAH WILSON
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MO.

17. INFORMANT FRED STEELE
(ADDRESS) SHELBINA, MO.

18. BURIAL, CREMATION, OR REMOVAL
PLACE SALEM CHURCH DATE JUNE 17, 1938

19. FUNERAL DIRECTOR SPEED & BLAKEY
(ADDRESS) PARIS, MO.

20. FILED 6-16, 1938. H. C. Payne
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JUNE 16, 1938

22. I HEREBY CERTIFY, That I attended deceased from June 15, 1938, to June 16, 1938
I last saw him alive on June 15, 1938. Death is said to have occurred on the date stated above, at 1:10 A.M.
The principal cause of death and related causes of importance were as follows:

Bronchopneumonia — Date of onset 6-14-38

Other contributory causes of importance:
Senile arterio-sclerosis

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.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....
(Signed) S. A. Francisch, M. D.
514 (Address) SHELBINA, MO.

(Licensed Embalmer's Statement on Reverse Side)

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.

I X12004

STATEMENT BY LICENSED EMBALMER

I, T. G. Blakey, Licensed Embalmer No. 2614

hereby certify that the body recorded on the reverse side of this certificate was embalmed by E. H. Wagner

L. E. 40.00

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

working under my personal supervision.

Signed T. G. Blakey

Licensed Embalmer No. 2614

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.)