REC'D OCT 21 1938

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

Do not use this space.

1. PLACE OF DEATH
County Holt
Township Lincoln
City Corning (No. ..... St. ..... Ward)
Registration District No. 368
Primary Registration District No. 4214
File No. 32310
Registered No. .....

2. FULL NAME Kenneth Arnold Steele 340
(a) Residence, No. ..... St., ... Ward. .....
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 23 yrs. mos. 1 ds. 2 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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) ~~WIFE OF~~ Melba Warnstaff Steele

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 10 - 1915

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
23	1	2	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bridge Builder
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) Sept 12 - 1938
11. Total time (years) spent in this occupation 3 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Corning Mo 0

FATHER
13. NAME Ernest A. Steele 1
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ozark, Ark 0

MOTHER
15. MAIDEN NAME Mayme Hyacinth Thieman
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Corning Mo

17. INFORMANT (ADDRESS) E A Steele Corning Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE J.O.O.F. Craig DATE Sept 14 1938

19. UNDERTAKER (ADDRESS) Schooler Bros Corning Mo

20. FILED 9-15 1938 Mrs. Susie Swan Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 12, 1938

22. I HEREBY CERTIFY, That I attended deceased from ....., 19...., to ....., 19.....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 10 a m.
The principal cause of death and related causes of importance were as follows:

Date of onset

Rupture of Liver
& Fracture of Spine

Other contributory causes of importance: 186B

Name of operation ..... Date of .....
What test confirmed diagnosis? Autopsy Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? accident Date of injury 9-12, 1938
Where did injury occur? Holt Co Mo (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury Timber fell on back
Nature of injury crushing him

24. Was disease or injury in any way related to occupation of deceased? yes
If so, specify .....
(Signed) D C Perry Coroner, M. D.
329 (Address) Mann of City Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.