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 Jackson
Township Sniabar
City Grain Valley
Registration District No. 395
Primary Registration District No. 5551A
File No. 32418
Registered No.
St. Ward)

2. FULL NAME Daisy Mary STEELE
(a) Residence, No. 3354 St., Baltimore
(Usual place of abode)
(If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F. M.
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Glenn STEELE
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 19 1898
7. AGE YEARS 40 MONTHS 0 DAYS 27 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. House wife
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) Cole Co Mo 0

FATHER
13. NAME M. E. Jenkins 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cole Co Mo 0

MOTHER
15. MAIDEN NAME Mattie Thorp
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

17. INFORMANT (ADDRESS) Mrs M. E. Jenkins Pleasant Hill Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Greenwood Mo DATE 7-20 1938
19. UNDERTAKER (ADDRESS) R B Webb Blue Springs Mo
20. FILED July 10, 1938 F W Twitter Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 16, 1938
22. I HEREBY CERTIFY, That I attended deceased from Feb 15, 1938, to July 16, 1938
I last saw her alive on July 16, 1938. Death is said to have occurred on the date stated above, at ....m.
The principal cause of death and related causes of importance were as follows:
Progressive Pernicious anemia
Date of onset
Other contributory causes of importance: Heart Block
Name of operation ..... 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? .....
If so, specify .....
(Signed) R H Simmons M. D.
(Address) 3101 Main St K.C. Mo

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.