

DEC'D MAR 9 1939

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

6345

Do not use this space.

1. PLACE OF DEATH

(a) County Dade Registration District No. 237
 (b) Township Center Primary Registration District No. 4144 Registered No. _____
 (c) City Greenfield, Mo. (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

(a) Residence, No. Greenfield, Mo. St. Sandra Elaine Steeley
 (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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 21 - 1938

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
0 0 8

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 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) Greenfield, Mo.

13. NAME Ava Steeley
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Greenfield, Mo.

15. MAIDEN NAME Nelen Boyd
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Greenfield, Mo.

17. INFORMANT (ADDRESS) Ava Steeley, Pennsboro, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Pennsboro DATE Dec 30, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) G. W. Ward, Greenfield, Mo.

20. FILED Jan 20, 1939 Geo. L. Wier Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 29, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 21, 1938, to Dec 29, 1938

I last saw her alive on Dec 29, 1938. Death is said to have occurred on the date stated above, at 1 P. M.
 The principal cause of death and related causes of importance were as follows:

Premature Birth

Date of onset
12/21/38

Other contributory causes of importance: 154

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? no

If so, specify _____

(Signed) J. W. Shannon Dade

(Address) Greenfield, Mo.

RECEIVED

District Health Officer No. 6,

District File Number 6-39-456

Date Filed MAR 3 1939

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by

Registered Apprentice No., working under my personal supervision.

Signed

Licensed Embalmer No.

P. O. Address

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.)

If this body is not embalmed, above space should be left blank.