

MAY 11 1939

710

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

Do not use this space.

1. PLACE OF DEATH

County Buchanan
Township Washington
City St. Joseph

Registration District No. 35
Primary Registration District No. 1001
State Hospital #2.

File No. 14301
Registered No. 424
St. _____ Ward _____

2. FULL NAME

Chas. H. Steele

Jackson County Infirmary
Kansas City, Mo.

(a) Residence, No. State Hospital #2 St. _____ Ward _____
(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 1 mos. 6 ds. 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) widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 13, 1858

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
80 7 7

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer (Common)
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) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown
Ohio

13. NAME Henry Steele

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown
Unknown

MOTHER 15. MAIDEN NAME Unknown Kelley

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

17. INFORMANT Miss Bessie Steele
(ADDRESS) 2027 Main Str. St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL Mt. Olivet Cemt.
PLACE St. Joseph, Mo. DATE April 22, 1939

19. UNDERTAKER H. O. Sidenfaden & Son
(ADDRESS) 1802 Union Str. St. Joseph, Mo.

20. FILED 4-22-39 A. Nestledush
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 20 1939

22. I HEREBY CERTIFY, that I attended deceased from Mar. 14, 1939, to Apr. 20, 1939

I last saw him alive on April 20, 1939. Death is said to have occurred on the date stated above, at 2-10 P. m.

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

Arteriosclerosis with chronic myocarditis
g. c.

Other contributory causes of importance: Broncho pneumonia (associated with above) 4/16/39

Name of operation none 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) T. J. G. [Signature] M. D.
(Address) St. Joseph

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

MARGIN RESERVED FOR BINDING

Robert E. Harrington

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