

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

Do not use this space.

1. PLACE OF DEATH

County Worth
Township Allen
City Worth

Registration District No. 905
Primary Registration District No. 6216

File No. 8560
Registered No. _____
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Worth Co. Mo. Rural
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Eliza Steel</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>11-14-1875</u>		
7. AGE <u>64</u>	YEARS <u>1</u>	MONTHS <u>11</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer &</u>		9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>W. Pa. Worker</u>
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) <u>Worth Co. Mo.</u>		
13. NAME <u>born in West Virginia</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Salmon Steel</u>		
15. MAIDEN NAME <u>Susan Hunter</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>West Virginia</u>		
17. INFORMANT (ADDRESS) <u>J. P. Brown</u>		
18. BURIAL, CREMATION OR REMOVAL PLACE <u>Full Cemetery</u> DATE <u>Jan 11</u> 19 <u>40</u>		
19. UNDERTAKER (ADDRESS) <u>Brown Bros</u>		
20. FILED <u>Mar 1</u> 19 <u>40</u> <u>A. R. Perry</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 9 1940

22. I HEREBY CERTIFY, That I attended deceased from Feb - 1938, to Dec - 1939

I last saw him alive on Dec - 1939 Death is said to have occurred on the date stated above, at 12:10 P. The principal cause of death and related causes of importance were as follows:
Chronic Myocarditis

Other contributory causes of importance:

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 None
(Signed) J. P. Haily D.O.
505 (Address) Worth Co. Mo.

Q. 10.