

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

Do not use this space.

**1. PLACE OF DEATH**

10 County Boone  
Township Ward  
City Walden

Registration District No. 76  
Primary Registration District No. 5110 B

File No. 13714  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward)

**2. FULL NAME**

(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 3 yrs. mos. da. How long in U.S., if of foreign birth? \_\_\_ yrs. mos. da.

**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 Carrie Minter  
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 8-1869  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_ hrs. \_\_\_ min.  
63 | 0 | 1 | |

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Fanner  
(b) General nature of industry, business, or establishment in which employed (or employer) ry  
(c) Name of employer Pettis Co. m.

**9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)**

10. NAME OF FATHER Burj F Steelman  
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Memphis Tenn  
12. MAIDEN NAME OF MOTHER Lucinda Green  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Mo

14. INFORMANT Mrs F. C. Steelman  
(Address) Wattsburg Mo

15. FILED 3/7, 1932 H. A. Mewyer REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 9 1932

17. I HEREBY CERTIFY, That I attended deceased from Jan 15, 1931 to Feb 9 1932 that I last saw him alive on Feb 4 1932, and that death occurred, on the date stated above, at 4 0 p.m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Permeious anemia  
7117  
(duration) 1 yrs. mos. da.

**CONTRIBUTORY (SECONDARY)**

7117 (duration) \_\_\_ yrs. mos. da.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH, \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? clinical  
(Signed) A. B. Gray, M. D.

2-9, 1932 (Address) Ashland Mo

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

**19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL**

W4 Pleasant Feb 11 1932

**20. UNDERTAKER**

ADDRESS Mo

Lawson & Tanner

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.

