

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

Do not use this space.

MAY 31 1937

1. PLACE OF DEATH

County Stone
Township Grant
City Crane (No. R.F.D. #)

Registration District No. 846
Primary Registration District No. 6105

File No. 17793
Registered No. 13
St. _____ Ward _____

2. FULL NAME Anna Lee Steele

(a) Residence, No. Crane Mo. R.F.D. # St. _____ Ward _____
(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 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) nov. 10-1926

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
10 4 9

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student

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) Stone County
(STATE OR COUNTRY) Missouri

13. NAME Dewell Steele

14. BIRTHPLACE (CITY OR TOWN) Stone County
(STATE OR COUNTRY) Missouri

15. MAIDEN NAME Hattie Crowell

16. BIRTHPLACE (CITY OR TOWN) Stone County
(STATE OR COUNTRY) Missouri

17. INFORMANT Mrs Hattie Williams
(ADDRESS) Crane Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Marionville Mo. DATE Apr, 22 1937

19. UNDERTAKER King Funeral Home
(ADDRESS) Aurora Mo.

20. FILED 5-9-37 A. J. Thurgood
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 20 19 37

22. I HEREBY CERTIFY, That I attended deceased from April 2nd 1937 to April 20 1937
I last saw her alive on April 19th 1937 Death is said to have occurred on the date stated above, at 1.05A.M.

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

Typhoid fever
Date of onset _____
Other contributory causes of importance: meningitis

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) W. M. Neal, M. D.
(Address) Marionville 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.

Mr
H. A. Simon
Kearney Mo.