JUN 17 1937

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

Do not use this space.

**1. PLACE OF DEATH**

County: Cape Girardeau — Registration District No.: 125 — File No.: 19674

Township: — Primary Registration District No.: 3009 — Registered No.: 1575

City: Cape Girardeau (No. 904, South Ellis St., Ward)

**2. FULL NAME:** MOLLIE STEELE

(a) Residence, No. 904 South Ellis St., Ward. (If nonresident, give city or town and State)
(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.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) |
|---|---|---|
| Female | White | Widowed |

5A. IF MARRIED, WIDOWED, OR DIVORCED — HUSBAND OF (OR) WIFE OF: Byron Steele

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 3, 1871

| 7. AGE Years | Months | Days | If LESS than 1 day, ...hrs. or ...min. |
|---|---|---|---|
| 65 | 11 | 10 | |

OCCUPATION

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

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): Bandana, Kentucky

FATHER

13. NAME: Don't Know

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Don't Know

MOTHER

15. MAIDEN NAME: Elizabeth McChristian

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kentucky

17. INFORMANT: Minnie L. Crawford
(ADDRESS) Cape Girardeau, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Stanfield Cemt. DATE: May 15, 1937

19. UNDERTAKER: Haman's Funeral Home
(ADDRESS) Cape Girardeau, Mo.

20. FILED: 5-13, 1937 — J. M. Thompson, Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May 13, 1937

22. I HEREBY CERTIFY, That I attended deceased from April 6, 1937, to May, 1937. I last saw her alive on May 13, 1937. Death is said to have occurred on the date stated above, at 2:45 p.m.

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

| | Date of onset |
|---|---|
| Chr. nephritis | |

Other contributory causes of importance:
- Uremia
- Cholecystitis
- Hypertension

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?
If so, specify:

(Signed) [illegible], M. D.
(Address) Cape Girardeau, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.