

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

6129  
Do not use this space.

1. PLACE OF DEATH  
 (a) County Callaway Registration District No. 104  
 (b) Township..... Primary Registration District No. 3008 Registered No. 47  
 or Fulton  
 (c) City..... (d) Street No..... St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. 2 mos. 29 ds. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME James Monroe Steelman

(a) Residence, No. State Hospital, Mo. St.  Beaman Mo  
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widower

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 23, 1860

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>79</u>	<u>5</u>	<u>25</u>	

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

9. Industry or business in which work was done, as 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) Mo

FATHER

13. NAME Joseph Steelman

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky

MOTHER

15. MAIDEN NAME Anna Beaman

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

17. INFORMANT Ernest Green  
(ADDRESS) Beaman Mo

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Adelton DATE Feb 18, 1940

19. FUNERAL DIRECTOR (NAME) (ADDRESS) J. H. Mullan  
Fulton, Missouri

20. FILED 9/18 19 40 R. N. Crews  
Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 18, 1940

22. I HEREBY CERTIFY, That I attended deceased from  
 19....., to....., 19.....  
 I last saw him..... alive on Feb 17, 1940. Death is said to have occurred on the date stated above, at 2:15 p.m.  
 The principal cause of death and related causes of importance were as follows:  
Senility  
General arteriosclerosis

Date of onset

Other contributory causes of importance:

Name of operation..... Date of.....  
 What test confirmed diagnosis? Ch. Hist. 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?.....  
 If so, specify.....  
 (Signed) Joseph Thomas, M. D.  
156 (Address) State Hospital, Mo

Fulton 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.

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed Geo G Wallace

Licensed Embalmer No. 3373

P. O. Address Fulton mo.

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**