

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.

JUN 24 1927 1.

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

Do not use this space.

14238

1. PLACE OF DEATH

County Buchanan

Registration District No. 85

Township St Joseph

Primary Registration District No. 1001

City St Joseph

(No. State Hospital # 2)

File No.

Registered No. 528

St. Ward)

2. FULL NAME

(a) Residence. No. Memorial Home St. Ward.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 8 yrs. 2 mos.

da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

female

4. COLOR OR RACE

white

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

widowed

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

unknown

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

April 12 1893

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. min.

94

1

5

8. OCCUPATION OF DECEASED

(a) Trade, profession, or

particular kind of work

none

(b) General nature of industry,

business, or establishment in

which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

Unknown

(STATE OR COUNTRY)

Holland

10. NAME OF FATHER

Jacob de Graaf

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Unknown

(STATE OR COUNTRY)

unknown

12. MAIDEN NAME OF MOTHER

unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Unknown

(STATE OR COUNTRY)

unknown

14.

INFORMANT

(Address)

State Hospital Record

St Joseph Mo

15.

FILED

19

May 18 1927

John J. Wh

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 17 1927

17. I HEREBY CERTIFY, That I attended deceased from

Mar 8 1927, to May 17 1927

that I last saw him alive on May 17 1927, and that

death occurred, on the date stated above, at 4 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

97

162

Arterio Sclerosis

unknown (duration) yrs. mos. da.

CONTRIBUTORY Senile Dementia

(SECONDARY) unknown (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRA

IF NOT AT PLACE OF DEATH

0 DID AN OPERATION PRECEDE DEATH DATE OF none

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?

clinical

(Signed)

E H Cron

M. D

5/17, 1927 (Address) St Joseph Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state

(1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, OF

HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

mt mora cem

May 19 1927

20. UNDERTAKER

HEATON-BEGOLE UNDERTAKING CO.

ADDRESS

315 S. 10th

St Joseph, Mo.

