

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

Do not use this space.

17581

1. PLACE OF DEATH
 County Buchanan Registration District No. 85
 Township St. Joseph Primary Registration District No. 1001
 City St. Joseph (No. Missouri Methodist Hospital) St. 617 Ward 1

2. FULL NAME Frederick Rudolph Imboden
 (a) Residence No. 1001 North 22nd Street 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. 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) Widower

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April, 16, 1876

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
51 1 26

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Foreman (Painter)
 (b) General nature of industry, business, or establishment in which employed (or employer) G R Thompson Paint Co
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St. Joseph, Missouri.
 (STATE OR COUNTRY)

10. NAME OF FATHER Unknown.

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown.
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Unknown.

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown.
 (STATE OR COUNTRY)

14. INFORMANT Helen Imboden
 (Address) 1001 North 22nd Street

15. FILED 13 1927 John G. Galt REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June, 12, 1927.

17. I HEREBY CERTIFY, That I attended deceased from Feb. 5, 1927, to June 12, 1927 that I last saw him alive on June 12, 1927, and that death occurred, on the date stated above, at 10/15 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

12/1/27
Chronic Myocarditis
 (duration) yrs. 7 mos. da.
 CONTRIBUTORY Chronic Myocarditis
 (SECONDARY) (duration) yrs. 7 mos. da.

18. WHERE WAS DISEASE CONTRACTED at home
 IF NOT AT PLACE OF DEATH:
 DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no
 WHAT TEST CONFIRMED DIAGNOSIS? Chemical findings
 (Signed) H. O. Sidenfaden, M. D.

June 13 1927 (Address) 304 P & S Bldg

*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 Mount Auburn Cemetery DATE OF BURIAL June 14 1927.

20. UNDERTAKER H. O. Sidenfaden ADDRESS 1802 Union Str

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.

RECORD

JUL 15 1927

